Lectures

ON

THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS

OF

PARALYSIS OF THE LOWER EXTREMITIES.

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LECTURE III.—(PART II.)

DIAGNOSIS AND TREATMENT OF PARAPLEGIA DUE TO MYELITIS, MENINGITIS, OR A SIMPLE CONGESTION.

Differences in the symptoms of inflammation according to the part of the spinal cord where it exists.—Inflammation of the grey matter, and of the posterior or the anterior columns.—Symptoms of chronic meningitis.—Symptoms of congestion of the spinal cord and its membranes.—Mode of production of paralysis, cramps, anæsthesia, sensations referred to paralysed parts, alterations of nutrition, &c., in myelitis, meningitis, and spinal congestion.

THE very striking symptoms of myelitis which we have described do not always exist in a very marked degree. According to differences in the seat of inflammation in the spinal cord, there are great differences in the intensity of the symptoms, and, still more, some of them may be missing. When the grey matter of the spinal cord is the seat of the inflammation, all the characteristic symptoms exist, and to a notable degree; but in those rare cases in which the inflammation is limited to the white columns of the spinal cord, there is a marked difference from the preceding kind of myelitis. If the posterior columns be the seat of inflammation, the symptoms are much less marked, but they all exist. When the disease is in the anterior columns, there is no anæsthesia, and the morbid sensations *referred* to the paralysed parts of the body hardly exist.* We will return to this subject when we speak of the paraplegia due to pressure upon the spinal cord by a tumour, a displaced or broken bone, &c., and we pass now to the history of paraplegia due to a chronic meningitis.

Chronic Meningitis.—The paraplegia due to this cause presents several characteristic features, of which we will say but very little, on account of the usual facility of diagnosis. These features are the following:—

1st. Pain usually of a rheumatic character, and more or less diffused along the spine. Generally there is no great increase of this pain when pressure is applied on the spinous processes, as in cases of myelitis; while, on the contrary, every movement of the spine forward, backward, or laterally, increases the pain, sometimes to a very great degree.

2nd. The nerves originating from the part of the spinal cord where the meninges are inflamed are the seat of acute pain, which is very much increased by mechanical causes. The sciatic nerves, for instance, when meningitis exists in the lower part of the spine, seem to be the seat of very great pains, which are much increased when the lower limbs are moved. When inflammation is confined to the part of the membranes at the place where the nerves of the upper limbs originate, the movements of these limbs cause great pain.

3rd. There are frequent, and in some cases constant, spasms in the muscles of the back. Those spasms which render the spine almost immovable are produced or increased when an attempt is made to move the trunk. When they exist in the cervical region they bend the head backwards, just as in tetanus.

4th. In cases of meningitis, the degree of paraplegia may vary from the very slightest to the most complete. Sometimes a slight paraplegia increases and then diminishes rapidly, owing to rapid changes in the quantity of the cerebro-spinal fluid or to the degree of congestion that accompanies the inflammation of the meninges.

5th. Anæsthesia is very rare in spinal meningitis. Sometimes there is a real hyperæsthesia, or at least a morbid sensibility and an increased susceptibility to reflex movements.

6th. A curious symptom is a spasm of the sphincter of the bladder, which prevents the evacuation of the urine. In some cases this spasm is followed after some time by a paralysis of the sphincter.

These symptoms are sufficient to characterize meningitis in a chronic and even in a subacute state. We will say a few words more hereafter on the diagnosis of this affection.

Congestion of the Spinal Cord and its Meninges.—Several of the symptoms which coexist with paraplegia in cases of myelitis or meningitis are often observed in cases of simple spinal congestion, as shown by Ollivier d'Angers, in his important work on the spinal cord.* This affection is frequently produced in cases of suppression of the menses or of the lochia, and of disease of the liver and other abdominal organs in which there is some obstacle to the return of blood from the spinal cavity. The paraplegia caused by excesses of sexual intercourse very often depends upon a congestion of the spinal bloodvessels. It is very rare that this congestion exists without an increase in the amount of the cerebro-spinal fluid, so that two causes then coexist to produce the paralysis of the lower limbs.

The symptoms which characterize a spinal congestion are the following:—

1st. Formication, alternating with numbness, especially in the beginning of the affection. The skin of the toes and fingers are the principal places where formication appears, but it often exists in various portions of the skin in the paralysed parts.

2nd. Only a slight pain in the spine, hardly increased by pressure.

3rd. Frequently a morbid increase of sensibility, even when there is numbness.

4th. In many cases the power of moving the paralysed lower limbs is much greater when the patient lies down than when he stands up, which is due, however, not to the difference in the degree of congestion, but to the cerebro-spinal fluid, the amount of which in the lower part of the spinal cavity is greater when the patient stands up than when he lies down. On the contrary, the congestion of the spinal bloodvessels increasing when the patient is lying down, especially when he lies on his back, it is observed that the degree of paralysis is notably increased after a night's rest, when the patient first gets out of bed, and tries to stand on his feet and to walk. The fact that the degree of paralysis is always greater then than in the course of the day, when the patient does not lie down in the day-time, is one of the most important symptoms of spinal congestion.

5th. The bladder and the rectum, and their sphincters, are usually more paralysed in this affection than in cases of paraplegia due to most other causes.

6th. An ulceration upon the sacrum or nates is not rare in this affection.

7th. Slight spasmodic movements are sometimes observed in some of the paralysed muscles.

8th. It is usually difficult, and very often impossible, to produce reflex movements in the lower limbs.

9th. Usually the paralysis is not limited to the lower limbs: when it begins in them, it rapidly extends to the upper limbs, and to some of the respiratory muscles, and when it begins in the upper limbs, it quickly reaches the lower ones.

One of our objects in presenting here the principal features of paraplegia caused by myelitis, meningitis, or a simple congestion of the spinal cord and its membranes, is to call attention to the analogies and differences presented by these three affections. Pressure, and therefore excitation, upon either the spinal cord or the spinal nerves is the principal cause of the phenomena observed in these diseases. As already stated, the vital properties of the spinal cord are changed in myelitis; the grey matter, which normally has no excitability, becomes excitable, and acquires the same properties as a nerve of sensibility and movement; and all the effects of pressure upon such a nerve are observed. In fact, the spinal cord is then just like

* For details of the symptoms of disease of the various white columns of the spinal cord, see Lect. V., VI., VII., and VIII. of my "Lectures on the Central Nervous System." Philadelphia, 1860; and THE LANCET, Sept., 1858.

* Traité des Maladies de la Moelle Epinière, vol ii. pp. 1—80. Paris, 1837.

a large compound nerve, comprehending the various nervous fibres that originate from it, not only at the place inflamed, but also most of those fibres which proceed from the parts of the cord below the seat of the disease. In consequence of this new condition of this nervous centre, the causes of excitation developed in inflammation (pressure by effused liquids, &c.) produce the various phenomena belonging to the three principal kinds of nervous conductors existing in the spinal cord; and several effects are then produced which are also observed in meningitis and in spinal congestion, owing to pressure upon the spinal nerves. It is interesting to compare, as we will do, myelitis, meningitis, and spinal congestion as regards the phenomena belonging to these three kinds of nerves.

1st. *Alterations of motor conductors.*—Paralysis and cramps are the results of excitations of these conductors. The degree of paralysis in meningitis and in spinal congestion is different from that existing in myelitis, on account of the mode of its production. In myelitis, the number of motor conductors submitted to alterations is much larger, and also the degree of excitation is greater, than in spinal congestion and meningitis; so that both the degree of paralysis and the frequency of cramps are greater in the first than in the last two affections. A pressure upon the spinal nerves in the narrow canals by which they pass out of the spinal cavity is the chief cause of paralysis in cases of meningitis and spinal congestion. This pressure being very variable according to circumstances, great variations exist in the degree of paralysis. The rigid spasm of the muscles of the back in meningitis seems to be due to a reflex action, as in tetanus.

2nd. *Alterations of conductors of sensitive impressions.*—It is extremely interesting to witness the variety of sensations referred to paralysed parts in cases of myelitis. All the sensations that we may have, in health, in the skin, muscles, and other parts, may then be generated in the cord itself, although they are felt as if they came from the skin, muscles, &c.; and it is well known that this fact may be observed even when the skin and other parts are completely deprived of sensibility. In cases of spinal congestion and of meningitis, not complicated with myelitis, the *referring* of sensations to the skin and other parts is almost null. It might seem strange that a pressure upon nerves of sensibility and movement should be sufficient to produce paralysis, with or without cramps, and not be able to generate those sensations which are so easily produced by a pressure upon the ulnar nerve at the elbow; but, as I have tried to prove eight years ago, nerve-fibres able to transmit sensitive impressions may or may not be excitable and able to give origin to sensations. In some parts they are excitable, in others they are not; and therefore the absence or slight degree of sensations referred to the skin, muscles, &c., in cases of meningitis, only show that the conductors of sensitive impressions, in their passage out of the spine, where they are subjected to pressure, are not excitable, or, at least, that they have but a slight excitability.

3rd. *Alterations of Vaso-motor Nerves.*—It is not the place here to insist upon the distinction between the effects of a paralysis and those of an excitation of the vaso-motor nerves.* We will only state that in the three affections we are now comparing, the most important feature is, that there are striking effects of excitation of these nerves. In myelitis, especially, these effects are very marked: the alteration in the urine, the formation of sloughs on the sacrum, the nates, &c., the serous infiltration in the subcutaneous cellular tissue, the rapid atrophy of the paralysed muscles, the dryness of the skin, &c., are phenomena that clearly indicate a great excitation of the vaso-motor nerves of the paralysed parts. In cases of spinal congestion and of meningitis, it is not rare to observe these alterations of nutrition, but they are usually to a less marked degree than in myelitis. One of the most interesting effects of excitation of the vaso-motor nerves in myelitis—i. e., the alkalinity of the urine—does not exist in meningitis nor in spinal congestion. It is not rare in these three affections that, near a place where some effect of *excitation* of the vaso-motor nerves is observed, there are effects of *paralysis* of these nerves, such as a dilatation of bloodvessels, increased heat, and sometimes an abundant perspiration.

* See for this distinction my "Lectures on the Central Nervous System," Lect. X. and XI., Philadelphia, 1860; and THE LANCET, Nov., 1858.

APPOINTMENTS.—Dr. Robert Lee has been elected one of the three Examiners in Midwifery in the Royal College of Surgeons, in the place of Dr. Charles West.

Mr. Luther Holden, F.R.C.S., was unanimously elected Assistant-Surgeon to St. Bartholomew's Hospital, on the 25th inst., in the vacancy occasioned by the resignation of Mr. A. M. M'Whinnie.

ANALYSIS OF 1000 CONSECUTIVE CASES ADMITTED INTO THE SEAMEN'S HOSPITAL, "DREADNOUGHT."

BY STEPHEN WARD, M.D. LOND., M.R.C.P., &c.

THE following analysis of 1000 consecutive cases, admitted into the Seamen's Hospital, under my care, and giving a fair representation of the cases admitted, during the period over which they extended, under the care of my colleague, will, I think, be interesting to the members of the profession. It will correct the notion entertained, not only by the public, but by many medical men, that the *Dreadnought* is little better than a "refuge" for patients suffering under scurvy and chronic dysentery. While it constitutes a peculiar field for the study of organic and blood diseases contracted in tropical climates, and of the behaviour under and relative liability to disease of different races, it also, as will be seen by reference to the subjoined table, affords ample materials for the study of the acute and chronic diseases to be met with in other metropolitan hospitals:—

Brain and Nervous System.		
Cerebral congestion	5	
Delirium tremens	19	
Epilepsy	10	
Insanity	2	
Neuralgia	2	
Paralysis	24	
Spinal debility	1	
Sciatica	11	
Tetanus	1	
		75
Thoracic Viscera.		
Heart and large vessels	23	
Asthma	3	
Bronchitis—acute, 24; chronic and slight, 42	66	
Emphysema	3	
Hæmoptysis	6	
Laryngitis (subacute and chronic)	5	
Pleuritis	5	
Pleurodynia	1	
Pneumonia and pleuro-pneumonia	41	
Phthisis	77	
		230
Abdominal Viscera.		
Œsophagus, schirrus of	1	
Constipation	1	
Colic	5	
Diarrhœa	47	
Dysentery	56	
Dyspepsia	5	
Epiploitis	1	
Peritonitis	6	
Stomach, derangement and disease of	7	
Tonsillitis	15	
Worms	4	
Spleen, disease of	7	
Liver, disease of, including cirrhosis and abscess	23	
Kidneys, disease of	17	
		197
General Diseases.		
Fever—typhoid, 60; typhus, 1; relapsing 2; febricula, 46	109	
Ague, 94; hemicrania, 1; ague cachexia, 7	102	
Anæmia and debility	40	
Rheumatism—acute, 53; chronic and slight, 44	97	
Exanthemata—measles, 5; scarlatina, 11	16	
Erysipelas	11	
Skin diseases	14	
Periostitis	3	
Anasarca	8	
Cholera	1	
Opium-eating, effects of	1	
Scurvy	96	
		498
		1000

It is my intention, from time to time, to make some general

and clinical remarks upon scurvy, ague, some abdominal affections, and upon the peculiar cachexia and anæmia induced by the tropical and other influences to which sailors are exposed.

Finsbury-circus, July, 1860.

ON A CASE OF
ABSCESS OF THE RIGHT KIDNEY.

BY S. G. CHUCKERBUTTY, M.D.,
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SEEING the able account of a case of renal abscess, by Dr. W. R. Basham, in THE LANCET of the 14th of January last, I am induced to send the following report of a parallel case of disease of the right kidney, which occurred in point of time simultaneously with that recorded by the above gentleman.

A native lady, the wife of Baboo ——, apparently sixteen years old, and physically well formed, came under my treatment in the year 1853. She complained of a severe pain in the region of the right kidney, attended with frequent micturition and fever. This was not the first time she had suffered from this disease, having had many similar attacks before, almost every month, extending over several years. The urine was of a deep-red colour, and intensely acid. Pressure over the right kidney increased the pain, but there was no swelling nor induration to be perceived by the hand. Both the kidneys, the liver, and the spleen were of normal size. There was no pain in the bladder or anywhere else. The appetite was bad, and there existed a morbid craving for acids, without which she could not take her meals.

I diagnosed at this time *lithic acid gravel*, and prescribed liquor potassæ, with infusion of gentian, which presently removed the distressing symptoms. But she would not desist from using acids, and so the relief was only temporary, and the attacks recurred from time to time, with severe symptoms of acid dyspepsia and red urine. During some of these attacks, I saw her again, and, as usual, she got relief after a few days, during which her diet was necessarily low and free from acids. Afterwards, she resided chiefly with her mother, and was treated by a number of medical men, without, however, any permanently beneficial result. She came under me again in 1858. At this time, the urine, when passed, was opaque and milky, and had been so, I now learnt, for some time past. After standing, it separated into two parts—a supernatant, transparent, reddish fluid, and a thick, greenish-yellow deposit. The fluid part was acid in reaction, and became turbid from heat and nitric acid. The deposit was singularly free from ropiness, but readily converted into a transparent jelly by the action of liquor potassæ, and under the microscope it presented all the characters of *pus-corpuscles*. There was much tenderness in the right lumbar region, where pressure caused great agony and faintness. The right kidney was a little enlarged, but the left kidney, the spine, the liver, the spleen, and the bladder were perfectly healthy and free from pain. She suffered greatly from a fever, which returned every day; had little or no night rest, very bad appetite, and anorexia. Nevertheless, she was in appearance not much reduced, and could go about the house, though with pain. The matter in the urine at this period was certainly one-half of the entire quantity.

From these facts I diagnosed the existence of pyelitis of the right kidney, probably from the presence of a calculus in some of its calyces.

The treatment consisted in the administration of opiates, cod-liver oil, quinine, sulphate of iron, and gentian, together with generous diet, and abstinence from acids. Under this plan she improved somewhat, the urine becoming clearer from a diminution in the purulent secretion, and the pain less; but no prospect of an immediate cure being held out, she grew restless and discontented, and after some weeks returned to her mother's.

I did not see her again till the 31st July, 1859, when I was requested to examine her, and express my opinion of her case. I found her lying on her left side, with the legs drawn up, slightly emaciated, but not in proportion to the intensity and duration of her sufferings, perceptibly full in the right lumbar region, which was very tender to the touch. Percussion over this swelling elicited a dull sound, and manipulation with the hand detected a hard but elastic tumour, stretching from the lumbar spine to the umbilicus, and from below the right lower ribs to the crest of the ilium. The dulness was not continuous with that of the liver, a clear space intervening between the two. Fluctuation could be distinctly felt on grasping the tumour, which was well defined at this time, between the hands, and making alternate pressure and relaxation. She was exceedingly weak, bed-ridden, hectic, and deprived of all rest by day as well as by night, except under the influence of powerful narcotics, which at best succeeded only in lulling the pain for the moment. She perspired most profusely at night. The tumour was of the size of the cover of a curry-dish, and had enlarged rather rapidly of late, its growth being preceded by a sudden disappearance of the matter in the urine, and attended by an increasing aggravation of all her sufferings. She had had a great variety of remedies applied before I saw her, such as alteratives, tonics, antiperiodics, anæsthetics, narcotics, antispasmodics, counter-irritants, &c., without any avail. Further, I ascertained that the abdominal parietes were not adherent to the tumour, from which they could be lifted up.

Under these circumstances, I expressed to the patient's friends that I thought the passage from the infundibulum into the ureter had become suddenly occluded by the impaction of a calculus which had been displaced from its old position in some of the calyces, and that the consequent accumulation of matter in the kidney from that arrest, pressing upon and distending its substance and capsule, was the cause of the tumour; and that unless it was relieved through the ureter, the bowel, or the abdominal walls, either by spontaneous or by artificial means, considerable fears were to be entertained of a fatal result. Until adhesions took place, nothing could be done beyond relieving the pain and sustaining the vital powers by narcotics, wine, and a tonic regimen. In short, it was prudent to temporize, and watch the further progress of the case.

On the 14th of September following, I was again asked to see the case previous to any operative procedures being adopted. I now saw a great bulging in the right lumbar region, extending visibly to the umbilicus; the parietes of the tumour had become glued to those of the abdomen; there was distinct fluctuation; but there was also now a considerable diarrhœa, which had lasted for some days, with a mitigation of the pain; and the percussion-note over the tumour, instead of being dull as before, was now tympanitic. Suspecting from this that the abscess had burst, I advised a consultation, which was accordingly held on the 16th of the month, and at which it was agreed that the abscess had given way, probably into the bowel, since the relief of the symptoms was simultaneous with the setting-in of the diarrhœa; but as the patient had ordered her alvine evacuations to be thrown away, we had no sufficient opportunity of coming to a clear decision on this latter point. It was therefore judged right to stay operative interference for the present, and to continue to watch the case.

Six weeks elapsed before I was again called to this case. In the meantime a large abscess had formed immediately under the skin, extending from the level of the eighth rib to the dorsum of the ilium on the right side. The exhaustion and emaciation of the patient were truly alarming; the pain was most intense, and spread from the loin down the thigh to the right knee, so that she could not move this limb at all. The loss of appetite was complete; the skin was dry and hot; there were frequent shivering fits and colliquative perspirations, and the most powerful narcotics failed to procure the smallest relief. Further, there were a constant moaning and anxious restlessness.

On this day (Nov. 6th, 1859), in consultation with my esteemed friend, Dr. Edward Goodeve, I opened the abscess at the right loin with a lancet. A considerable discharge of matter was the immediate result, and this discharge continued in large quantities, both morning and evening, every day for many weeks afterwards. A probe, introduced through the puncture, entered a large cavity in the direction of the kidney, in which the whole length of it could be freely turned about in every direction without any impediment whatever. The matter was very thick and creamy, with an aromatic odour. After the operation, the patient was troubled with a frequent micturition, and a tensive pain at the orifice of the urethra, both of which symptoms yielded to fomentations with hot water and a sponge. The swelling contracted daily in proportion to the discharge of matter, the hectic disappeared, the pain grew less, and the appetite improved a little. So, on the whole, matters seemed to be in a fair way. But as the tumour subsided the outer opening in the skin became widely separated, and lower than the inner opening into the cavity of the abscess; a probe passing from the former to the latter upwards and backwards towards the transverse process of the twelfth dorsal vertebra. The discharge of matter grew scanty, the hectic symptoms returned, the pain was again severe, shivering fits occurred, and a fluctuating swelling became visible on and above the ilium,

the matter from which was but partially emptied under pressure through the original puncture.

Accordingly, towards the latter end of December, a second operation was performed at the lowest point of this abscess, and a very large quantity of pus let out. A catheter, introduced through this opening, passed freely into a cavity, upwards and backwards, towards the right kidney, its whole length, without any opposition. The discharge of matter from the old opening stopped while sitting up, but on lying down it returned, this being then the lower of the two. On the day of this operation, some blood flowed from the old opening when she lay down, showing thus a free communication between the two openings. The urine continued clear the whole time, except for a day or two occasionally, when it deposited a little mucus, which, however, disappeared under the use of liquor potassæ. The hectic fever was more or less, in proportion to the diminution or freedom of the discharge. The spine throughout has been sound, straight, and free from pain. But not so the ilium, on the dorsum of which the matter had precipitated even before the first operation. After that the swelling, as well as the pain over it, disappeared for a short time, until a return of both rendered the second operation necessary. Ever since then this bone has been the seat of disease, and the skin over it traversed by large, angry-looking veins. The discharge of matter has continued abundant, without any alteration in its quality; and there is now, besides the communication upwards and backwards, another directly inwards, through a hole in the ilium below its crest, with the cavity of the pelvis. The discharge through the first, or the upper and more posterior opening, continues free in the recumbent posture, and she has grown again greatly emaciated and feeble from hectic, pain, pyrosis of the stomach, and want of sleep. She can extend the right leg and thigh while lying down without difficulty, but cannot support herself in standing, on account of the pain in the pelvis. The fondness for acids continues as strong as ever, and, being the only child, and wayward in disposition, it is impossible to prevail on her to give them up. For the last two days there has been a discharge of blood from both the openings, which has been evidently caused by violence in trying to crawl about more than usual, and some scratching from the calculus.

There is little doubt now, that the abscess had burst into the cellular tissue, under the skin, through the abdominal muscles, and that she would have lost her life if the operation had been any longer delayed, as the matter was rapidly spreading, and her sufferings were most dreadful and exhausting. It is probable also, that the abscess in the pelvis is an extension of the renal abscess (as the pain on pressure in the direction of the bladder, frequent micturition, &c., indicate), with which the external abscess has formed a communication by caries and perforation of the right iliac bone. The right lumbar region has greatly retracted from the shrinking of the primary seat of the abscess, so that the space between the last rib and the crest of the ilium on this side is more depressed than the corresponding space on the left side.

Calcutta, April, 1860.

REPORT OF A CASE OF

BRONZED SKIN OR ADDISON'S DISEASE.

BY JOHN HOUSLEY, M.D., Warsop.

HENRY ——, aged thirty-three, farm-labourer, unmarried, states that he had gonorrhœa in November, 1858; was ill in March, 1859, which he attributes to extra work during the lambing season. He consulted the late Mr. Hammond, and was a week absent from his work. After resuming his occupation for two or three weeks (he cannot fix the exact time), he was again compelled to rest. He was now ordered to live as well as he could, and take cod-liver oil. On this occasion, he was away from work for three weeks; then returned to his occupation, and continued until the end of June, since which time he has been unable to work. At this time I saw him. He complained of weakness, loss of appetite, nausea, occasional vomiting, pain at the epigastrium, and constipation of the bowels. The colour of his face and hands was brown, which I thought might be caused by the hot weather, for he was not confined to the house. About August, 1859, I considered the case might be one of Addison's disease. In the beginning of September, at my request, he was seen by a medical friend, who looked upon the case as hepatic disease. This gentleman advised him to have as good diet as he could procure; at the same time, I had prescribed the tincture of the sesquichloride of iron. After this, I saw very little of him until Feb. 26th, 1860, when he sent for me. I was now informed that he had been at home during the last five months, and was becoming weaker. Appetite bad; at times feels sickly; complains of pain a little to the left of the navel; bowels rather constipated; stools dark-coloured; urine acid, lightish colour; pulse 94, soft and feeble; slight dulness on percussion below the left clavicle; sounds of heart feeble. The brown colour of the face and hands still remained; over the chest it is almost natural, but becomes much darker over the abdomen and thighs; that of the penis and scrotum is a dingy black, which he has noticed for the last two years. There is also a dark ring round the umbilicus. No odour is perceptible about the body of the patient. I attended him for a short time, and he felt somewhat better. I was again requested to see him on the 20th of April. My notes are as follows:—

April 20th.—Bowels constipated; sickness; radial pulse scarcely to be felt. An ounce and a half of compound senna mixture to be taken immediately.

21st.—Bowels acted twice; sickness continues. To take two minims of Scheele's hydrocyanic acid every four hours.

22nd.—Takes scarcely any food, and what he does take is vomited. Continue medicine. To suck ice occasionally.

23rd.—Has slept during the night; bowels constipated; there is nausea, but no vomiting. To take the compound senna mixture (an ounce and a half), with the addition of ten minims of chloric ether to each dose.

24th.—Has taken only cold water during the last twelve hours; sickness subsided.

25th.—Has vomited a large quantity of bilious matter.

26th.—Takes only cold water; anything else is immediately rejected.

27th.—Has slept during last night. Takes no food whatever. Died at half-past nine in the evening.

I obtained permission to examine the abdomen. The post-mortem inspection took place twenty hours after death, Mr. Ward, of Wellow, kindly assisting me. Rigor mortis well marked; the body somewhat wasted. The colour of the skin was lighter over the legs and chest, and darkest on the penis and scrotum. The kidneys, portions of liver, &c., were sent to Dr. Wilks, of Guy's Hospital, who has favoured me with a note from which I extract the following remarks:—"I have no doubt that yours is a genuine example of the disease (Addison's), and that the capsule which is now before me is a true specimen of the morbid change. It consists of a hardness of a fibro-albuminous tissue degenerating in parts, exactly as we have before seen. This tissue is smooth, firm, and of a pinkish colour. When examined by the microscope, it is found to be composed of nucleated fibre. In the midst of this are some yellow softer masses of the same in a state of degeneration, and resembling what is ordinarily called scrofulous matter. The skin shows the true pigmental change in a very beautiful manner. I have made a section, and the colouring matter is seen beneath the cuticle in the rete mucosum following the course of the papillæ, such as is met with in the skin of dark races of men. The kidneys, liver, and spleen are quite healthy. The liver has near the surface some cretaceous masses, which are probably the remains of some old tubercular disease."

July, 1860.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 21ST.—In the week that ended last Saturday, the number of deaths registered in London was 975. For the corresponding weeks of the ten years 1850–59, the average number of deaths is found, with correction for increase of population, to be 1156. The result of the comparison is satisfactory; for the actual number of deaths in last week was less by 181 than the estimated number. The deaths from small-pox were not more than 11. There were 51 from measles; 4 of which occurred in the Belgrave sub-district, 3 in St. Mary (St. George-in-the-East), 4 in the Leather-market, Bermondsey, and 3 in the East sub-district of Greenwich. There were 32 from scarlatina; 4 of which occurred in Poplar. Diarrhœa exhibits a slight increase; for it was fatal in the two previous weeks in 12 and 21 cases respectively, last week in 32. There were also 2 deaths from cholera—viz., that of a woman on the 16th instant, at Wellington-place, Mile-End Old Town; and that of a woman on the same day, at Tottenham-place, Tottenham-court-road, from "cholera (15 hours) convulsions."

Last week the births of 809 boys and 827 girls, in all 1636 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1530.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

RECURRENCE OF AN ADENOCELE OR MAMMARY GLANDULAR TUMOUR AFTER THREE SUCCESSIVE REMOVALS; ULTIMATE CURE.

(Under the care of Mr. BIRKETT.)

A THOROUGH acquaintance with the various tumours involving the mammary gland is essential to the forming of a correct opinion as to their malignancy and liability to recurrence. When growths appear at an early age—say in women under thirty—the probabilities are in favour of their benignancy, and that they pertain to the class of chronic mammary, mammary glandular, sero-cystic, or adenoid tumours, as they have been described by Sir Astley Cooper, Sir Benjamin Brodie, Mr. Birkett, and other writers. A tumour met with in the breast of a young girl, for instance, is most commonly of this nature, although occasionally there are exceptions; and when once removed, they never return. Such examples are by no means rare; many have appeared in our "Mirror." We examined two on the 17th inst. at another hospital: one in a girl of fourteen, with a small adenocele of the right breast; another in a young woman aged twenty-seven. These patients had applied for advice under the impression that their tumours were cancerous; their true nature was, however, readily made out. In the latter part of 1859, we saw three examples in young patients, under Mr. Birkett's care at Guy's Hospital, all successfully operated upon. One of these was especially interesting, because both breasts contained a tumour; that in the lower part of the right had been growing for three or four years, and was always painful before the appearance of the catamenia; and some three or four months previous to her admission into the hospital, several small growths were developed in the left breast. The one occupying the right gland was alone removed on the present occasion. A similar form of tumour, developed during pregnancy, in a young married woman, we saw Mr. Birkett excise in October last; it had prevented suckling, and was deeply seated behind the nipple. A good recovery ensued, without damage to the proper glandular structure.

That these simple or innocuous tumours, nevertheless, do occasionally recur, we have clear evidence to prove, and the following instance is an example. There is a point of some importance in the case, moreover, not to be overlooked—viz., that although the primary disease resembled the chronic mammary tumour, yet the age of the patient was greater than that at which the malady usually shows itself; and after three removals it recurred a fourth time, the extirpation of the entire gland having been followed by perfect success thus far. Curiously enough also, although the glandular elements were observable on each occasion, yet the tumours varied in their characters, being at one time mammary-glandular, and at another cysto-sarcomatous. In a former "Mirror," (THE LANCET, vol. ii., 1857, p. 114,) we have recorded an instance in which all the varieties of tumour belonging to the class Adenocele were developed in a single breast. Its removal, however, was followed by recurrence (idem, p. 548) within four months, in consequence of the nipple having been left behind.

The case of this patient, now fifty-three years old, is reported in Mr. Birkett's paper, on Adenocele, in "Guy's Hospital Reports" for 1855, p. 161.

The facts are as follows:—The patient was forty-five years old when the first growth was discovered. This growth had existed eleven months when removed. One year and ten months elapsed before the discovery of the second tumour, which was excised three months subsequently. In the course of eight months a third growth made its appearance, and was removed four months afterwards. All the growths showed the elements and tissues of the mammary gland structure; but the first and last most closely resembled the "chronic mammary tumour" of Sir Astley Cooper, whilst the second belonged to the class "cysto-sarcoma" of other pathologists.

This case and another are related to prove the alternation which may occur between these new growths in the same individual at different times, as well as the probable identity in their physiological relations.

In November, 1856, the patient showed Mr. Birkett a fourth very small growth near the cicatrix, but on the axillary part of the breast, which had not been taken away. She had then been free from recurrence one year and eight months. During 1857-8, and the early part of 1859, scarcely any increase in the tumour took place; but in the spring and during the summer it rapidly enlarged, and at the time of removal measured about four inches in the largest diameter.

This fourth growth was excised August 23rd, 1859, together with every particle of the normal breast gland-tissue which could be found. It consisted of the same elements as those composing the former growths; but in this instance it showed, with the happiest effect, a combination within the same envelope of the "chronic mammary tumour" of Sir A. Cooper, and the "cysto-sarcoma:" for in some parts were firm, fibrous, solid gland-like masses; whilst in others, cysts, with the characteristic fluid and intra-cystic growths, met the eye. The patient suffered very little during the healing of the wound, which was nearly complete in about a fortnight, and the patient left the hospital quite well.

LONDON HOSPITAL.

MAMMARY GLANDULAR AND SERO-CYSTIC TUMOUR; AMPUTATION OF THE BREAST.

(Under the care of Mr. JOHN ADAMS.)

WHEN non-malignant growths occur in the breasts of middle-aged persons, there is sometimes reason to fear that they may be actually malignant; and an examination after removal can alone determine their real nature. They would seem to hold an intermediate position, in some instances, between the cancer of the elderly, and the mammary glandular tumour of young females. In the history of the following case, it will be noticed that there is evidence of cancer having existed in the family. There were, however, not any external manifestations of cancer, but cysts could readily be made out. After removal, it was found to be the sero-cystic disease of the breast as described by Sir Benjamin Brodie, made up of modified mammary glandular structure.

We recollect seeing Mr. Curling remove a somewhat similar tumour from the breast of a female, whose case is recorded in our "Mirror" of the 16th September, 1858 (p. 308).

A female, aged forty-eight years, of a sanguineo-lymphatic temperament, was admitted in the beginning of the present year. The left mammary region was occupied by a large, slightly pendulous tumour, which had been in course of development for five years. It was larger than three fists in volume, irregularly convex in outline, and of unequal density, and here and there a cyst could be made out superficially in its substance. Several large veins ramified over its cutaneous surface, but the skin was healthy, though attenuated, and could be moved freely over the subjacent parts; the tumour could also be readily moved from the deeper-seated structures. The nipple was healthy, and the axillary glands were unaffected. The patient ascribed the occurrence of the swelling to a slight local injury. The pain during its growth had been very variable in duration, recurrence, and intensity, but had never been very severe; and the catamenia for the same period had been quite regular up to the time of her admission into the hospital. No hereditary tendency to mammary disease could be traced, but the patient stated that her maternal aunt had died from a cancer.

Mr. Adams amputated the tumour after she had remained quiet for a few days in the hospital. It weighed thirty-two ounces, and was found to have been developed behind the outer two-thirds of the mammary gland, which had been removed with the tumour during the operation, the inner third being allowed to remain *in situ*. The diseased structure was quite distinct from the gland, condensed connective tissue

separating the one from the other. On section, a l[arge] quantity of yellow colloid fluid exuded from the surface [of] the solid tissues, and escaped from several cysts of various [sizes] amidst it. The growth was irregularly-lobed and lobula[ted] and the appearance arose from the presence of dense fibro[us] tissue permeating it in every direction, and dividing it int[o] larger and smaller portions, which, after section, became [re]markably convex on the surface, being, as it were, squeezed [ou]tward by the contraction of the different divisions of this tissue. The colour was pearly and glistening through the greater part of the extent of the tumour; through the remainder, it was more or less pink, in consequence of the structure being tinged in different degrees with blood.

The microscopic examination, conducted by Dr. Andrew Clark and others, confirmed the first opinion of the structure of the diseased mass being made up of modified mammary-gland tissue.

The patient went on well after the operation, and subsequently left the hospital.

KING'S COLLEGE HOSPITAL.

MAMMARY GLANDULAR TUMOUR, WITH A PREPONDERANCE OF FIBROUS TISSUE, COMMENCING AT FOURTEEN YEARS OF AGE.

(Under the care of Mr. FERGUSSON.)

ALTHOUGH the tumour in the present instance we heard described as fibrous, it is most probable that it was originally a true adenocele commencing when the patient was fourteen years of age, remaining quiescent until pregnancy occurred two years ago, when it began to grow larger. Before removal, its physical characters were those of a mammary glandular tumour, and on section afterwards its resemblance to this description of disease was even more striking. It differed, however, in this respect, that it had a large quantity of fibrous tissue disseminated throughout its substance—a feature not uncommon in this form of disease of the breast. Indeed we may remind the reader that hypertrophy of the glandular structure, with an equal enlargement of the fibrous tissue, which envelopes and intersects the gland, are usually noticed in these cases. No microscopic examination was made to determine the ultimate structure of the removed mass.

For the notes of the case we are indebted to Mr. William Wickham, house-surgeon to the hospital:—

Hetty T——, aged thirty-four, a married and healthy-looking woman, and the mother of two children, was admitted on the 10th of May, 1860. She states that twenty years ago she noticed a substance about the size of a filbert in her left breast. She took little notice of it, as it caused no pain or inconvenience. It increased very little in size until two years ago, when she became pregnant; it then grew very rapidly, and continued to do so up to the time of her admission into the hospital. During these last two years she has suffered more or less pain, of a smarting character, and particularly during the period of lactation (when milk was secreted by the affected as well as by the sound breast).

On examination, the tumour was felt as a hard, isolated growth, about the size of a child's head, being quite movable on the walls of the thorax, and not adherent to the skin. Over the inner half it was very hard and uniform, and the skin covering it very tense. The remaining portion of it was somewhat lobulated in appearance, and a feeling resembling fluctuation was perceptible in three or four places; the skin in these situations was very red and thin.

May 12th.—The patient being placed under the influence of chloroform, an incision was made extending transversely from the inner margin of the tumour to the anterior fold of axilla. The skin and subjacent tissues, of which none was removed, were easily separated from the tumour. The mammary gland was not involved in the operation, it being left pretty well entire. Several small vessels were secured by ligatures, and the edges of the wound brought together by silk sutures. On examining the tumour, it was found to consist chiefly of fibrous material, there being on its under surface some isolated portions of fat. In one or two places the fibrous portion was somewhat softened, corresponding in position to those places where, before removal, a feeling somewhat analogous to fluctuation was perceptible. Weight of tumour, 3 lbs. 12 oz.

The patient has done remarkably well since the operation. A greater portion of the wound has healed, and the skin has greatly contracted. There is now a slight and healthy discharge of pus from the lower part of the wound.

INVAGINATION OF FIVE INCHES OF THE ILEUM INTO THE CÆCUM AND ASCENDING COLON; FATAL RESULT.

(Under the care of Dr. JOHNSON.)

THE notes of the following interesting case were furnished by Dr. Edmund Symes Thompson, late house-physician to the hospital:—

A farmer's boy, fifteen years of age, was admitted on April 2nd, affected with catarrh and slight rheumatic pains. He had been but a few hours in the hospital when he was seized with pain in the abdomen, vomiting, and purging, the motions consisting only of blood and mucus. Opiates were administered; but the symptoms continued unabated. On the following day the patient had an anxious expression of countenance; his pulse was of natural frequency, but very feeble; a resisting mass, of the size of a doubled fist, which felt like coils of intestine, dull on percussion, and very tender to the touch, was noticed in the right iliac fossa.

The case being regarded as one of intussusception, occurring at or near the termination of the ileum, an operation for the relief of the constricted bowel was suggested, but deemed inadmissible by Mr. Fergusson, whose opinion was consulted. Five grains of compound soap-pill were given every three hours, with effervescing draughts to allay the sickness; and several pints of warm water were injected into the colon by means of a long tube. Under this treatment the restlessness diminished, and the patient ceased to complain of pain. The distension and tenderness, however, daily increased, the bowels were not relieved, retching and vomiting continued; but on the 7th (five days after admission), the sickness and abdominal tenderness suddenly abated, the eyes became sunken, the face distressed and worn, and it was evident that collapse was setting in; the abdomen was very hard, except in the track of the transverse colon, where it was soft and resonant. On the morning of the 9th, the patient vomited a round worm (Ascaris lumbricoides), about five inches in length. Throughout the illness the urine was natural, both in quantity and quality. Death occurred on the morning of the 11th (ten days after the first symptoms of obstruction had appeared).

Post mortem examination.—The intestines were found to be loosely adherent to one another, and to the abdominal parietes, by recently-effused lymph; the small intestines were congested and filled with fæcal matter; and the transverse colon was distended with flatus. On laying open the large intestine, a portion of the ileum, about five inches in length, was found invaginated within the cæcum and ascending colon, and tightly girt by the margins of the ileo-cæcal valve; the constricted part was highly congested, breaking down under the finger, and almost in a state of mortification.

CLINICAL RECORDS.

RETENTION OF URINE FROM INFLAMMATORY STRICTURE.

THE chief point of interest in the subjoined case was the impossibility of passing an instrument into the bladder, on the patient's admission shortly after midnight. There was distension from an inflammatory stricture, combined with some amount of spasm, arising from the patient's habits and manner of life. No resource was left but to puncture the bladder through the rectum, which gave him immediate relief; and after a few days the urine flowed freely through the natural passage, without the necessity of resorting to any special treatment for the slight degree of permanent stricture remaining. For the notes of the case we are indebted to Mr. John D. Hill, house-surgeon to the hospital.

Chas. L——, aged 26, was admitted into the Royal Free Hospital on March 19th, 1860, with retention of urine from inflammatory stricture. The patient stated that he had had difficulty in passing urine for more than two years, and always in a very small stream, and upon one or two occasions had suffered from retention, which, however, had been relieved by the catheter. These attacks invariably resulted from exposure to cold after a debauch. He was admitted at two A.M., suffering most acutely with the distended bladder, which could be seen and felt above the pubes. Instruments were introduced without success by the house-surgeon; a warm bath with a dose of opium were given, and an instrument again tried without

avail. All means having fairly failed to afford relief, the distended bladder was punctured by Mr. Hill through the rectum, and upwards of four pints of urine were removed.

The patient was placed under the influence of alkalies and sedatives, and during the second day the stricture dilated somewhat before the point of a conical sound, although continued pressure kept up for some time would not allow its complete passage through the cartilaginous mass. The urine continued to pass per rectum until the third day, when the instrument was removed, the natural channel having become again pervious. The stricture was situate at the termination of the spongy portion of the urethra, beginning just above the bulb, and extending about two inches backwards to the membranous part of the canal, of dense structure, excessively resisting, and grasping the point of the sound when introduced.

March 22nd.—Urine passes in a very good stream; there is some tenderness about the seat of the stricture; bowels tending to constipation.

24th.—Aperture in rectum has healed very satisfactorily, and the urine continues to flow by the natural channel.

26th.—Is feverish, with loss of appetite and impairment of digestive organs.

28th.—Much improved. Instruments were introduced; the urine is rather freer than before, and the progress of the case, although slow, is satisfactory.

UNUSUAL CASE OF STONE.

A VERY curious and interesting case of stone was submitted to the ordinary lateral operation, for the second time, on the 7th inst., by Mr. Fergusson, at King's College Hospital. The patient was a lad aged fourteen, who had been cut for stone ten weeks before by the same surgeon, and two calculi of irregular shape extracted, but evidently portions of one stone, which weighed together nearly four ounces. This had not been detected before his admission. He went on well for two weeks, when he was suddenly seized with pain about the neck of the bladder, and this was followed by discharge of matter from the wound and also from the urethra. The pain extended up along the ureter to the kidney and right side of the belly; he, however, got well in two or three days. As the urine ceased to flow from the wound, he complained of pain at the neck of the bladder; and Mr. Fergusson again detected, without difficulty, a stone, which seemed to be too large to have passed from the kidney in such a short time; and it appeared doubtful to him whether he had not left a fragment in the bladder. He believed it better to submit him to another operation, and a long finger-shaped stone was removed, which broke in two in getting it away. It was formed over a nucleus of the size of a Barcelona nut, the diameter of which was nearly equal to the short axis of the calculus itself. It appeared most certainly too large a stone to have formed in the bladder in so short a time as ten weeks. The nucleus was evidently from the kidney, and may have given origin to the calculus at the lower part of the ureter, thus forming an abscess which had burst into the bladder. The patient has progressed very well, and will probably make a good recovery. We may remark that Mr. Fergusson cut through the old cicatrix, as we have seen Mr. Price do at the Great Northern Hospital on his second and third operations upon the same patient.

RHEUMATIC PERICARDITIS.

A WELL-MARKED example of this common result of rheumatism was observed lately in St. Bartholomew's Hospital. The subject of it (now convalescent) was a coalheaver, aged seventeen, who was admitted on the 30th of January, under Dr. Farre's care with a second attack of rheumatism, the first having occurred four years ago. The present attack commenced in the heart, for there was very little, if any, affection of the joints—in fact, no attention was paid to them in consequence. The lad was very pale; there was a good deal of cardiac dulness, but no effusion into the pericardium, and no distress. Friction-sound was general over the heart. This gradually ceased, commencing at the apex, and thence proceeding towards the base, so that on the fifth day it had disappeared. On the sixth, however, it could still be heard over the base. The pulse has been regular, and beats 100. The substance of the heart itself was unaffected. He was put upon digitalis and antimony for the first four or five days, to keep the action of the heart moderate; and calomel and opium were given; but the gums did not get sore even with the use of mercurial ointment. A blister removed all the pain. By the 5th of February, the friction-sound, as stated, had wholly ceased, but it returned at the base on the 6th, showing that the probable adhesion of the opposed surfaces was not complete. Dr. Farre believed that more benefit was to be derived, in a case of this kind, from blistering than leeching, and accordingly repeated the former, with mercurial liniment. At this time the pulse had fallen to 84. On the 13th of February, the friction-sound was still present at the base, heard on a level with the nipple close to the sternum; pulse 80, regular; and there was a little crepitation heard at the base of the right lung posteriorly, but not in the left. The calomel had been left off because it had purged him; it was, however, renewed in doses of a grain, with a sixth of a grain of opium, three times a day. He commenced to improve after this, and the friction-sound wholly disappeared; he was then enabled to sit up, and, although pale, improved very rapidly in his general health.

As showing the sad consequences of rheumatism, we may just refer to two other cases, also under Dr. Farre's care. A little girl, ten years of age, was admitted, with general anasarca and ascites of six weeks' duration, from diseased heart. It appears she had an attack of rheumatic fever four years ago, and sixteen months afterwards a second, which were associated with heart symptoms. Lately she had a systolic murmur at the apex and base of the heart, and over the aorta; it could be heard, also, all over the chest. There was mitral valvular disease as well; the urine albuminous, and abdomen much swollen. Under the influence of elaterium and confection of cream of tartar, all the anasarca has vanished, the ascites is less, and she is sitting up, much improved, and does not look like the same child. She subsequently took gallic acid, and then the sesquichloride of iron, with benefit.

In the next bed to her's is a young woman twenty-two years of age, who had her first attack of rheumatism at the age of eight years, and her second when she was fourteen, with heart disease. She was also in the hospital some months before with the old heart disease, at which time the cardiac sounds were double, representing four beats, as it were, from inflammation of one ventricle. Now she has bronchitis, besides her cardiac and rheumatic affections.

PRESERVATION OF THE HIP-JOINT BY THE REMOVAL OF DISEASED BONE.

A MOST instructive case of apparent hip-joint disease, in a married woman, twenty-three years of age, was admitted into University College Hospital in February. The patient was a delicate, pale, and emaciated person, who had been sent up from Kent to have the hip-joint excised. She had been the subject of strumous disease in early childhood, particularly around the ankle-joint, which had caused shortening of the affected limb. In other respects, her general health was not bad. About two years ago, she complained of pain in her right hip-joint, which was shortly after followed by an abscess on the upper and outer part of the thigh, simulating hip-joint disease. The abscess burst, and there remained a fistulous aperture just below the insertion of the tensor vaginæ femoris muscle, leading apparently to the hip-joint, but in reality not so. On careful examination, under the influence of chloroform, the mobility of the joint was found to be perfect, as it could be freely moved in every direction, with an absence of any grating sensation. The head of the thigh-bone was in its natural situation, and the shortening of the limb was clearly the result of the ankle disease in early life. A probe entered into carious bone, but not into the joint itself, and the disease appeared to be limited to the great trochanter. There was no evidence of its extension within the capsular ligament, although very close to the joint.

If left to itself, Mr. Erichsen believed that the disease would extend upwards to the articulation, and he therefore had no hesitation in endeavouring to remove the affected parts of the bone. This case, he observed, resembled a class of cases very commonly met with—namely, caries of the cancellous structure of the head of the tibia, wherein the morbid action extended very close to the encrusting articular cartilage, but which latter escapes if the disease is removed in time, and the knee-joint is left intact. On laying open the parts, after chloroform was given, the condition suspected was found to be present. A cavity existed in the great trochanter, which was well cleared out by means of Marshall's osteotrite; but the disease actually extended some way up the neck of the femur, and was entirely removed, leaving a clean, smooth, hard, and healthy surface behind. This cavity was an inch and a half in depth. The posterior and outer edges of the trochanter were removed with forceps. The wound was now stuffed with lint, and the patient removed to bed.

The diagnosis was therefore proved to be correct, and the best measures resorted to for the woman's safety. Free suppuration followed, the wound slowly filled up by granulation, and by the 28th of March it had entirely healed, excepting a single fistula passing behind the trochanter. The back of the thigh had been supported by a pasteboard splint, and the patient was sitting up, much improved in her general health under the use of cod-liver oil and quinine, with unimpaired mobility of the joint.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

OBSERVATIONS ON THE MORBID ANATOMY, PATHOLOGY, AND DETERMINING CAUSE OF EMPHYSEMA OF THE LUNGS.

BY A. T. H. WATERS, M.R.C.P.,
PHYSICIAN TO THE NORTHERN HOSPITAL, LIVERPOOL.
(*Communicated by* DR. OGLE.)

ALTHOUGH much has been written on the subject of pulmonary emphysema, there are yet many points in connexion with it which require investigation. There is perhaps no disease the symptoms and physical signs of which are so readily explicable, from a knowledge of the structural changes by which it is accompanied, as this particular affection, and hence an acquaintance with the minute anatomy of the healthy lung tissue becomes of the utmost importance, in order fully to appreciate the morbid changes which take place.

(Here follows a brief description of the arrangement of the "ultimate pulmonary tissue.")

Pulmonary emphysema is of two kinds—1. Interlobular emphysema. 2. Vesicular emphysema. The second, or vesicular, is by far the most important, and will be alone considered. It exists in three forms, differing only in the extent to which they involve the lung.

1. *Partial Lobular Emphysema*, involving a few air-sacs, or at most only a single lobulette. This is not often seen as an independent affection; but in lungs which are the seat of the second form it occasionally exists in small patches along the margins of the lobes. These patches resemble small vesicles, and when numerous have somewhat the appearance of a row of beads.

2. *Lobular Emphysema.*—This is the form most frequently met with. It involves one or more lobules in different parts of the lung, and is especially found along the margins of the base, the anterior border, and at the apex. It frequently exists in connexion with phthisis, and occasionally with pneumonia. In this form it is easy to trace the divisions of the lung; the boundary walls of the lobules have not usually given way, and generally no interlobular emphysema exists. The air-sacs of a lobule are not necessarily all equally dilated, those at the circumference being most so. The emphysematous lobules may be seen projecting above the level of the lung, and in some instances they become developed into "appendages."

3. *Lobar Emphysema.*—This form involves the whole of a lobe, or an entire lung, or very frequently both lungs. It constitutes a very formidable affection, and often destroys life at an early period. The lung is much increased in size. The outlines of the lobules frequently cannot be distinctly seen, in consequence of the rupture of their boundary walls, and the production of interlobular emphysema.

In investigating the morbid anatomy of emphysematous lungs, the same methods of preparation were used by the author as had been previously employed in the examination of the healthy organ—viz., injection, inflation, and desiccation.

With regard to the structural changes which take place in the disease, we recognize, in the early stages, a simple dilatation of the air-sacs, and a diminution in the height of the alveolar partitions. A further dilatation takes place, with more or less complete obliteration of the alveolar septa. This distension produces a divergence of the elastic fibres of the air-sacs, and is soon followed by a perforation of the walls themselves, so as to give in the advanced stage a perfectly cribriform appearance to the membrane of which the walls are formed. This is followed by rupture of the elastic fibres, a further distension of the air-sacs, with a general breaking down of their walls, so that in the most advanced stages of the disease large cavities are found, traversed in all directions by membranous shreds or fibrous cords. The inner surface of the emphysematous lung tissue presents the same microscopic appearances as that of the healthy tissue.

In some lungs in which lobular emphysema existed, the air-sacs were found much distended, but no perforations existed; whilst in others, and especially where the disease was of the lobar kind, extensive perforations were found, with not more, and in some instances less, dilatation than in the former. This would seem to indicate some degeneration of tissue in the one case, which might be absent in the other.

The condition of the bloodvessels explains the anæmic appearance of the emphysematous lung. In the earlier stages, the capillaries of the pulmonary plexus are wider apart than in health; and as the walls of the air-sacs are perforated, and the latter more distended, the capillaries become ruptured and absorbed. The vascularity of the lung, in a condition of advanced emphysema, is very slight.

The bronchial tubes are usually dilated in old-standing cases of emphysema, their mucous membrane is pale, and there is increased development of the circular muscular fibres.

An important question in connexion with emphysema is, whether the disease is preceded by, or attended with, any degeneration of tissue.

With regard to the existence of fatty matter in the emphysematous lung, a considerable number of specimens were examined with great care; and although in one or two instances indications of its presence were found, as a rule it was entirely absent. Dr. Jenner has stated that a fibrous degeneration frequently exists. A number of specimens were examined to ascertain whether any alteration of this kind could be observed in the elastic fibres, as compared with those of the healthy lung. The results arrived at on this point were imperfect, and the question is left for future investigation. Some kind of degeneration is believed in many cases to exist.

With reference to the determining cause of pulmonary emphysema, the view that the disease is produced by expiratory efforts appears to the author the most tenable.

Serious objections seem to present themselves to the theory advocated by Dr. Gairdner, that the disease results from increased distension, during inspiration, of one part of the lung, in order to fill the space previously occupied by a collapsed portion.

During inspiration, the chest expands to make room for the dilating lung; air is drawn equally to all parts of the lung, and is not driven by any external force to one part more than to another. It is difficult, therefore, to understand how an excessive quantity of air should find its way to any particular portion. If the chest must reach a certain expansion, it would rather appear that the entire lung would be everywhere slightly dilated, except where collapsed; or else that those parts nearest the collapsed portions would be most distended. Such parts, however, are not the most frequent seats of emphysema. Further, the lungs can undergo very considerable distension without suffering any injury. Although the lungs undergo equable pressure during ordinary expiration, this by no means proves that such is the case during acts of coughing; in fact, the contrary is true, as has been shown by Dr. Jenner.

The conformation of the walls of the chest, and of the lungs, seems to render it necessary that the latter should undergo unequal compression during violent expiratory efforts with a partially closed glottis, and that air should be driven first to those parts of the lungs where the walls are least resisting, and secondly to those portions which contain the least volume of air. The least resisting part of the thoracic walls is that which covers the apex of the lung; it consists of a membranous expansion, and plays no active part in the expiratory process. As a fact, we find, in coughing, that the lung bulges into the lower part of the neck. The parts of the lung which contain the least volume of air are the margins. These are out of the direct line of pressure which the lung undergoes in violent expiratory efforts, which are chiefly effected by the abdominal muscles, especially the recti. The contraction of these latter muscles, forcing upwards the abdominal viscera and the diaphragm, produces the greatest amount of compression at the base of each lung; the air is driven upwards in a strong current, which overcomes the current from the other portions, and these, instead of becoming emptied, remain forcibly distended.

The phenomena witnessed in M. Groux, probably seen by many of the Fellows present, may be adduced in support of the view that during coughing the lungs become distended in any part where the walls of the chest offer but little resistance.

Lastly, the cases recorded in a paper written by M. Guillot—in which what he describes as sub-pleural emphysema was found after death, preceded by long-continued and violent

spasmodic cough—may be cited in favour of the expiratory theory of the production of the disease, a theory to which anatomical arrangement and physiological phenomena seem to point.

HARVEIAN SOCIETY.

MR. HENRY THOMPSON, PRESIDENT, IN THE CHAIR.

DR. H. W. FULLER read a paper on the

SUCCESSFUL TREATMENT OF WHOOPING-COUGH BY INCREASING DOSES OF SULPHATE OF ZINC AND EXTRACT OF BELLADONNA.

The author commenced his paper by calling attention to the commonly received opinion, as stated in most books on the subject, that "whooping-cough must run a certain course." He combated this opinion by reference to the results of his own experience, and then proceeded to point out the causes which had led to its general adoption. Amongst these he mentioned the inefficiency of the treatment ordinarily employed, and the neglect of all measures likely to subdue the tendency to spasm, on which the continuance of the whoop depends. Dr. Fuller regarded the complaint as consisting essentially of bronchitic irritation, usually not very severe, accompanied by reflex spasm of the air-passages, and expressed his opinion that in most cases the spasmodic symptoms are those which demand most serious attention. Not only is the spasm a most painful symptom, but it is one which may give rise to life-long mischief. His object, therefore, had always been to subdue the spasm as speedily as possible, and the practice which, until the last twelvemonth, he had found most successful for the purpose was the administration of sulphate of zinc in rapidly increasing doses.

Dr. Fuller then referred to the discovery he had made as to the tolerance of belladonna by children, which is recorded in a paper published in the last volume of the "Medico-Chirurgical Transactions," and he briefly stated the facts, which are there detailed *in extenso*, as to the amount of belladonna which may be given with safety, and the conditions which should be observed in its administration. The conditions he specified were, that the remedy should be given in divided doses, at least four times daily, and should be administered at first in small doses, which may be increased day by day, or on alternate days, by a corresponding amount. He pointed out that mere dilatation of the pupil need not be regarded as a bar to its administration, and stated that if the precautions just referred to are observed, the daily dose of the extract of belladonna may be safely increased up to a scruple or half a drachm without the production of any unpleasant symptom. He then proceeded to state that he had brought these facts to bear on the treatment of whooping-cough, and, from the conjoint use of sulphate of zinc and extract of belladonna in rapidly increasing doses, had obtained results exceeding his most sanguine expectations. Rarely had he found the whoop to last above twenty-one days, and in some instances it had subsided in ten days. The mode in which Dr. Fuller proceeds is to give the zinc and belladonna as soon as the whoop declares itself. If the attack is accompanied by much febrile excitement and bronchitic irritation, he prescribes a cough drop containing a drachm of antimonial wine and a drachm of ipecacuanha wine to two ounces of water, and, if necessary, applies a blister to the chest. Of the cough drop, a larger or smaller amount is given according to circumstances. In all cases, however, the zinc and belladonna are administered perseveringly. To children under three years of age he usually begins by giving one-sixth of a grain of extract of belladonna and half a grain of sulphate of zinc four times daily, and to children above that age a quarter of a grain of extract of belladonna and a grain of sulphate of zinc. The remedies are given in solution in water, and the dose of each substance is increased by a corresponding dose daily or on alternate days, so that the child who began by taking a quarter of a grain of the extract and one grain of zinc at a dose, would be taking one grain of the extract and four grains of zinc at a dose either on the fourth, sixth, or eighth day, according to the rapidity with which the dose is increased.

Dr. Fuller concluded by citing cases illustrative of the value of the treatment recommended, assuring the Society of its safety, and urging its general adoption.

CAPACITY OF THE LUNG.—In a communication this week to the Academy of Sciences, Dr. Gréhaut estimated the capacity of the human lung (maximum) at 6·36 litres; minimum, or lowest residue after expiration, ·92 litres; and the difference, or highest inspiratory capacity, therefore, at 5·44 litres.

Reviews and Notices of Books.

Mind and Brain; or, the Correlations of Consciousness and Organization, with their Applications to Philosophy, Zoology, Physiology, Mental Pathology, and the Practice of Medicine. By THOMAS LAYCOCK, M.D., &c. 2 vols. 8vo. pp. 884. Edinburgh: Sutherland and Knox.

As the Spaniard's multitudinous appellative made the host open his casement, so the above large title may awaken the "knowledge hunger" of many a reader—we trust with no disappointment to his appetite.

The aim of the author, as it is set forth in his Preface, is to find the middle term or bond of union between metaphysics and physiology, sciences which have hitherto been cultivated in "the divisive method of philosophizing," with results less satisfactory than that which the author hopes to obtain by the correlative method. In the former method there was a fundamental defect, neither metaphysicians nor physiologists attempting "a demonstration of the relations between the laws of functional activity of the organ of consciousness and of the laws of consciousness itself." It may, indeed, be objected to this view that there can exist no relation between things which are identical, except a verbal one. There are relations between Thomas and his book, but there can be none between Thomas's book and the book of Thomas. This view must be taken both by the pure physiologist and the pure metaphysician, the one including the laws of function in those of consciousness, the other those of consciousness in the laws of function.

The author proposes, by a new and very simple method, to throw a scientific bridge across the impassable gulf which has hitherto appeared to separate the phenomena of life and organization and those of thought. This is the method which, like Ithuriel's spear, shall make the true and the false stand confessed and apart:—

"Looking at the two classes of phenomena, and examining what they have in common, this principle is deduced—viz., that whereas Mind designs, Life is designed. Design, therefore, is common to both; but in the one there is a conscious energy of design, in the other an unconscious. And this law of correlation is further manifest—viz., that the results of the vital forces, operative according to a law of design, coincide with the various states of consciousness known as desires, feelings, and the like. Thence a general law of design, with its derivative laws, correlates both the laws of life and of consciousness."

But surely this method will lead rather further than the learned Professor proposes to follow it. Let us change a word, and let the proposition stand thus:—"Whereas mind designs, a table is designed. Design, therefore, is common to both," &c. &c. The evidence of design in the lifeless part of creation, though not so importunate, is as unanswerable as that exhibited in the mechanism of things which have life. From the rolling heavens, God's vast chronometer, to the formation of a crystal, or the floating of a piece of ice, inorganic nature proclaims its author. Design, therefore, is the attribute of more than life and mind, and if it correlates anything, it correlates all things. It is, indeed, universal, like time and space, which correlate all things, if it be correct to impress this wide meaning upon the term correlation. This, however, is not the meaning which scientific inquirers have affixed to this new term. The correlation of the physical forces, in Mr. Grove's admirable little book on that subject, does not imply that the different physical forces have any one attribute in common, but that, under certain conditions, they are capable of giving rise to each other, or of being converted into each other. In the scientific inquiry, pushed one step further by Professor Carpenter, in his papers "On the Correlation of the Physical to the Vital Forces," the term is employed in the same sense; and it is in this sense, and in this alone, it must be used if it be sought to establish the relation which exists between vital and mental activities or forces or functions. The only meaning which can be accurately attributed to the term is "a

reciprocal relation, so that the existence of one in a reciprocal state depends upon the existence of the other; as *father* and *son*, *husband* and *wife*." If consciousness and organization, mind and brain, are correlative in this sense, it is difficult to see how the relationship can differ from that existing between function and organ. Metaphysicians, who deal with the development of consciousness alone, may consistently refuse to acknowledge this relationship, but any author who admits the reciprocal dependence of mind and brain, can scarcely dwell with satisfaction upon the metaphysical subtleties of the *ego* and the *non ego*—the subject and the object, the universal and the particular.

The inquiry, however, of the limits in the descending scale of organized existence to which consciousness extends, is undoubtedly interesting to the natural philosopher. Consciousness, or the recognition of self, is probably an attribute of all animal life, and is, in fact, but the self-recognition of individual existence. We cannot, indeed, be certain that much of the lower animal life does possess this attribute, for we know that, under favourable circumstances, animal life can and does maintain itself where no consciousness exists; as in a comatose man, or a turtle from which the brain has been removed, or an anencephalic infant during its brief term of existence. We can neither affirm nor deny that the lower animals possess the knowledge of personal and foreign existence, or the elements which, according to Mr. Mansell, ("Bampton Lectures,") enter into "the very conception of consciousness"—namely, the power of distinguishing between one object and another, and of recognising the relation of the conscious person, or subject, to the object of which he is conscious. Professor Laycock is inclined to endow with consciousness organizations to which it has seldom been attributed; but action to a definite purpose seems no sufficient proof of this. The sensitive plant may, he thinks, probably be conscious of the approach of injury when it closes its leaves; but such movement is no better proof thereof than the separation of light sovereigns from those of full weight is a proof that the banker's self-acting weighing machine is conscious. In either case the facts only go so far as to indicate the design of the maker. The solution of this apparently simple question of the nature and range of consciousness, could it be effected, would render the author's task much more easy than he has found it.

Two-thirds of the volumes are devoted to metaphysical description: the doctrines of existence, of ideas, of final causes, &c.; ontology, ideology, teleology, &c. &c. We cannot say that the method adopted of mixing up metaphysics with physiology—a combination not more intimate, and not half so agreeable, as that of the oil and vinegar in a well-dressed salad, appears likely to advance our knowledge of the laws of either mind or matter, of consciousness or organization. We look in vain for the middle term to reconcile and amalgamate the author's belief in intuitive ideas with his not less firm adherence to the doctrines of phrenology. The following is the clearest expression we can find of the author's views on this point:—

"There are potentially present in the man a series of universal, fundamental, and necessary ideas, correlating equally universal, fundamental, and necessary cognitions or truths, with which the faculties are necessarily busied in all present states of consciousness, and which, becoming active in each state, are the necessary causal elements of the thoughts and acts. These are what I have termed the noetic teleiotic ideas. .....Every fundamental state of consciousness must be coincident with the laws of action of the vital forces, as expressive of teleiotic ideas, and as manifested by the results obtained by that action, in accordance with the law of design. And since these vital forces are but derivatives and correlatives of the physical forces, it follows that those results of their actions which coincide with states of consciousness must correspond to correlative results in the external world; or, to state the doctrine dogmatically, all the intuitive ideas and truths of the human mind are to be discovered inductively, as results of the great law of design, and correspond necessarily, therefore, to the fundamental ideas of the Great Thought of creation."—vol. i., pp. 299, 300.

Although the author expresses his conviction in the operation of such mental forces as "innate ideas, powers, capacities, and intuitions," and "in the universal law of innate tendencies to definite states of consciousness," he does not appear to use the word intuition in its generally received sense. He speaks of defective and predominating intuitions influencing the character. Now, this can scarcely apply to that intuitive knowledge by which, Locke says, "the mind perceives the agreement or disagreement of two ideas immediately by themselves, without the intervention of any other."

We must, however, refer our readers to the author's own pages, if they desire to know more of his intuitional metaphysics, only recommending them to be careful that they do not accept hard words as explanations. For instance, what explanation does the following afford of the passage from intuitional to demonstrative knowledge, from the recognition, without proof, that a circle is not a triangle, to the knowledge which must be founded upon intervening ideas that the three angles of a triangle are equal to two right angles?

"Every teleiotic idea correlates to the consciousness of a primary intuition; and every primary intuition, considered as a causal idea, enters into a long series of derivative ideas, which it evolves through, or on the occasion of, experience of the external world, arrived at primarily by means of affinitive impressions."—vol. ii., p. 76.

The latter half of the second volume is occupied with matters which seem more germane to the purpose of a text-book for medical students than the elaborate verbal somnambulism of metaphysics. The subjects of these latter chapters are Mental Physiology and Mental Organology; but even these are rendered far less useful than they otherwise would be, by the affectation of new modes of expression. It is a questionable advantage to the student that old forms of thought should be presented to him in a strange and arduous phraseology. This, for example, is the manner in which the hereditary transmission of personal peculiarities is stated, if not explained, in the chapter on the Laws of Action of Nerve-Cells:—

"Finally, to understand the true properties of these cells, we must bear in mind the important fact, that they are only speculations—impersonations, so to speak—of the law of design. Hence, in considering them, we must remember of what the sperm-cell and germ-cell are capable when integrated, and give those nerve-cells credit for the same potencies. Nor must it be forgot that, somehow or other, the tissues which produce these two genetic cells must be in such relation with the nervous system that the cells which they evolve can, when brought into vital affinity, and a fertile ovum produced, constitute a vital substratum, out of which structures, like these same nerve-cells and ganglia, with all their peculiar activities, will be produced; so that a child will frown, or smile, or grimace like his father, even although he never saw him in life."—vol. ii., p. 367.

We are rather surprised to find an intuitive metaphysician so far gone in the belief, not only of the theory of phrenology, but in that of cranioscopy—the art of its practical application. He admits, indeed, that it may well be doubted whether a minute cranioscopy, founded on the European type, is applicable to all races of men; but he emphatically affirms the validity of the great regional divisions of phrenology:—

"Thus the middle region of the encephalon, whatever it may be (possibly the middle lobe), which corresponds to the central region of the head, of which the crown or centre of the hair is the focus, seems to be the seat of the egotistic faculties: superiorly are the organs of the egotistic sentiments; inferiorly, of the egotistic instincts and propensities. Posteriorly to this region is that of the sexual and domestic instincts and sentiments, in relation, by arterial connexion, with the cerebellum; anteriorly to it, the relative instincts and sentiments termed moral, and which are founded on the intuitions of truth and perfection, good and evil. In close relation with this group are the æsthetic faculties, founded on the intuitions of the beautiful; and, finally, in front, are the organs of the faculties by which a knowledge of the order of phenomena, and of the

modes of action of the physical forces, is attained. These are the faculties of observation, deduction and induction, founded on intuitions of the forces. The size of the convolutions will depend, in all cases, on the complexity and number of the intuitions, the extent of corporeal differentiation, and the correlative external relations of the organism."—vol. ii., p. 461.

Here we have rather a full cranioscopy; but how it is reconcilable with an intuitional metaphysic we are not sufficiently enlightened to perceive. The attempt which the author makes to reconcile the two, reminds us of nothing so much as of Baron Von Reichenbach's reconciliation of the belief in ghosts with the doctrines of physical science—namely, that decaying bodies give forth phosphorescent gases, which, rising from the grave, portray in luminous form the individuals from whom they emanate. For our part, we can believe in the phenomena of decomposition, and we are quite ready to believe in ghosts when we have seen one; but the composite chemical ghost is as much beyond the power of apprehension as a theory of mind which makes it at once the sum of the functions of the brain according to the phrenologists, and the expression of intuitions according to the doctrines of the most antiphysical school of metaphysicians.

Professor Laycock concludes his volumes with an "examination of Dr. Carpenter's claim of priority as to the discovery of the law of unconscious cerebral action." All experience proves that it is of no use to try to convince combatants that the object of contention is of no value; but if we can show that they are not fighting for the same thing, the blessing promised to the peace-maker may by possibility be earned. Dr. Laycock, attempting to develop Prochaska's idea of the nature of actions which might take place with the mind either conscious or unconscious thereof—"vel animâ inscià, vel verò animâ conscià,"—invented for their expression the term of reflex action of the brain. Whether this be more or less than that which was formerly described as automatic motion it is not needful to discuss, but it certainly is not the same phenomenon as that which Dr. Carpenter has attempted to indicate under the title of unconscious thinking. The printer who throws his type into the formation of words and sentences, without thinking of the numerous actions he brings to bear upon the effort, may be said to do some part of his task by means of the reflex action of the brain; but the author, be he mathematician, mechanician, or metaphysician, who, having in vain tried to solve some mental problem, laid it down, and when he next reverted to it found that the unconscious action of the brain had overcome the difficulty, this would be the unconscious cerebration of Dr. Carpenter. The question with regard to Dr. Carpenter's discovery is, whether it is true; with regard to Dr. Laycock's, the only question can be, whether it is new. This, indeed, is a question which it is needful to ask respecting all the author's views, which are apt, on examination, to turn out very old friends with new faces. The phiz may be turned upside down, or be disguised under false front or adventitious curls, but there, if we look close, are the old familiar features. In this respect, how different is the discovery of the reflex action of the brain, which describes no one thing that was not commonly known before, to the discovery of the reflex action of the spinal system, which has immortalized the name of Marshall Hall, and which has revealed to us a whole cycle of most important facts, and given an irrefutable explanation of a vast field of phenomena, of the nature of which we were before darkly ignorant! How different the man who plays with words from the one who works with facts! The juggler, with his four or six brass balls in ever-changing motion without progression, is not "differentiated" to a greater extent from the inventor of the steam-engine, than the man who weaves the subtleties of metaphysics and the difficulties of physiology into an irreducible tangle is differentiated from the illustrious discoverer of the reflex action of the spinal system, whose name and fame are almost ignored in these volumes of the Edinburgh Professor.

SCARLATINA MALIGNA.

To the Editor of THE LANCET.

SIR,—Scarlatina is so common a disease that even severe cases of the anginosa species are not worth recording; but the following case of scarlatina maligna was of so malignant a character, and of such a rapidly fatal termination, that it is worthy of having a place assigned to it in your scientific journal. [Fortunately such cases are now very rare, owing chiefly to the attention at present paid to those sanitary laws which influence so powerfully the health of communities.

On the afternoon of the 24th February, 1859, I was called to see a lad, about nineteen years of age, a farm labourer in the vicinity, of a healthy constitution, and always previously in the enjoyment of good health. I found him labouring under symptoms of a very low typhoid type of fever; pulse weak, thready, about 140; tongue moist, coated with a dark-brown fur; papillæ enlarged, especially at the tip and the edges, and of a dark-red colour; bowels then confined; face pale; eyeballs sunken, with dark bluish circles underneath the lower eyelids; lips livid; features of a pinched and an anxious expression; headache chiefly in occiput; intellect clear; skin about the natural temperature in chest and abdomen, but below it in the extremities, with a few small, dark permanent petechiæ scattered over the body, chiefly, however, over the chest and the abdomen, but no eruption observable; great pain and difficulty in swallowing, even liquids; enlargement and tenderness of the salivary glands, affecting speech and motion of the lower jaw; throat greatly inflamed; tonsils, uvula, and upper part of the pharynx swollen, of a dark red, ulcerated, ulcers covered with dark grey sloughs; breath fetid; thirst; urine scanty, of a port wine colour; no vomiting, nor pain in epigastrium; loss of appetite; feeling of great prostration; pains in back, limbs, and in fact in the bones of the whole body; occasional rigors and flushes of heat; the throat the chief seat of the disease. He stated that though he had for the previous week felt languid, weak, indisposed for work, with loss of appetite, pains in his bones, and occasional chilly sensations, yet it was only on the evening of Feb. 23rd that he felt really unwell, having then been seized with violent fits of chilliness, and with great soreness of throat, and that even in the morning of the 24th he had attempted to work, but had been compelled to go to his bed about noon. I elicited from him that he had about ten days previously visited a house in his neighbourhood two or three times, where there was a mild case of scarlatina, then rapidly recovering.

Feb. 25th.—All the above symptoms continued, and had become of a more aggravated nature, but still no eruption apparent; skin inclined to a pale, livid hue; bowels now loose, the stools being frequent, watery, of a tarry colour, but containing no blood.

About eight o'clock on the morning of the 26th, a diffused eruption, of a dark dingy hue, almost purplish, for the first time appeared for about three hours, confined entirely to the chest and abdomen. It suddenly receded, followed by an exacerbation of *all* the symptoms—of the dyspnœa, the difficulty of swallowing, the sense of suffocation and of extreme prostration, &c. &c. He gradually sank, and expired at two P.M., having thus survived only about forty-eight hours after I had seen him. He had left off his work only a few hours previous to my visiting him. The usual remedies and appliances were employed, such as cold to head, blistering of temples and nape of neck, counter-irritation of throat, constant application of heat to the body and extremities, strong beef-tea, warm drinks, brandy and stimulants, a mild alterative and laxative at first, along with stimulants, diaphoretics, narcotics, and diuretics—such as camphor, ammonia, spirits of nitrous ether, ipecacuan, Dover's powder, hyoscyamus, and opium,—and saline mixtures, gargles of alum and of the mineral acids, &c.

This case, though derived from one of a mild form of scarlatina, was of the most malignant character. It is worthy of remark, that there were neither vibices, nor any discharge of dark blood from any of the different emunctories; that there was no affection of the chest, nor of the head, as the intellect was clear to the last; but that, as the eruption was slight and evanescent, the virulent poison of the disease, though also affecting the mucous membrane of the intestines, appeared to have concentrated itself chiefly in the throat.

I am, Sir, yours respectfully,

J. B. NICOLSON, M.D., M.R.C.S., L.S.A.

Robertsbridge, Sussex, July, 1860.

THE LANCET.

LONDON: SATURDAY, JULY 28, 1860.

AT page 92 we publish a document which cannot fail to be perused with the greatest deference and interest by the public and the medical profession. The man who, by his long experience, by the vigour of his intellect, by the philosophical and judicial character of his mind, and, we may add, by universal consent, is best fitted to represent the interests of Medicine, as they concern not only those who practise the art, but those also for whose benefit it is practised, has declared his opinion, in emphatic language, against the establishment of Special Hospitals. The three arguments so tersely and clearly put by Sir BENJAMIN BRODIE have been more than once touched upon or developed in this journal. But their importance is such, the injury that must necessarily result from neglecting them is so great, that we welcome with peculiar satisfaction the decision of one who can survey the question from the eminent position of the great surgeon who, himself far removed from all personal concern, speaks with the calm authoritative voice of reason. The very eminence of Sir BENJAMIN BRODIE is in itself a rebuke to those who pretend that special hospitals can either make a sound professional reputation, or give that medical experience which deserves the confidence of the public. We are tempted to declare our impression that no surgeon or physician has ever, through his connexion with a special hospital alone, acquired a solid position in the estimation of the public. The utmost men have so acquired has been money. With this, no doubt, many hold themselves amply rewarded. For this, all that adds dignity to the practice of medicine, the welfare of man, and consideration amongst colleagues, have been willingly sacrificed. We may confidently say that the establishment of special hospitals has not only operated most injuriously upon the public status of medicine, but has degraded the officers of those institutions themselves. If it were a matter of experience that the men who have so devoted themselves, as they phrase it, to the exclusive study of a particular disease, have thus frequently made valuable additions to knowledge, then indeed might it be plausibly urged that special practice is justified. But little of the kind can be pleaded. If we seek for the reason, we find it in this reflection of Sir BENJAMIN BRODIE:—

"Diseases generally are so connected with each other, and a knowledge of one is so necessary to the right understanding of another, that no one who limits his attention to any given disease can be so competent to investigate its nature, and to improve the method of treating it, as those who have a wider field of observation, and who are better acquainted with general pathology."

There is not a well-educated medical practitioner who will not assent to the truth of these admirable words. It seems to follow that a man who "devotes himself" to special practice and the elucidation of a particular disease, devotes very mean abilities to the task, and thus adds to the difficulty indicated by Sir BENJAMIN. He who is animated by a sincere ardour in pursuit of truth, and is gifted with adequate intellectual powers, is sure to discern the broad highway that will conduct him to comprehensive and accurate knowledge, and to shun the contracted path which he knows will only land him in prejudice and error.

There is another feature, not less odious than the rest, of this pursuit of special knowledge. Knowledge ought to be universal in her diffusiveness, as she is in beneficence. To endeavour to so restrict her as to make her the particular appanage of an individual, something to be traded with, and made the subject of personal profit, is a proceeding closely akin to the arts of those who advertise patent remedies, and appeal to the ignorant and credulous of mankind. It is well stated in the Protest at p. 97, and by Sir BENJAMIN BRODIE, that the establishment of special hospitals is calculated to draw off particular classes of disease from the general hospitals, and thus to deprive students of the full opportunity of becoming acquainted with certain branches of their profession, a knowledge of which is necessary to make them useful practitioners. It is a matter of familiar observation that the exigencies of study in our schools of medicine render it absolutely impossible for a student to run about from place to place in the hope of picking up a bit of medical knowledge here and a bit there. Sad indeed would be the prospect of the student who should be condemned to make a pilgrimage from one end of this vast metropolis to the other, whose locomotion is so exhaustive of time, that the student, before he arrives at the allotted term of his studies, will retire from this pursuit of knowledge under difficulties with disgust. The obvious effect of this proposal to perfect the study of diseases by dividing them from each other in distinct buildings is to obstruct the progress of true knowledge, and to substitute the pretence of knowledge and a sham.

We believe that the cure for this monstrous evil—an evil which springs from within the profession—lies with the profession itself. That this has been felt by those to whom we most naturally turn for guidance is abundantly testified by the decided tone and the clear reasoning of the protest signed by such men as BRODIE, GREEN, MAYO, SOUTH, ARNOTT, CLARK, HOLLAND, LOCOCK, LATHAM, WATSON, GIBSON, LIDDELL, MARTIN, BABINGTON, HASTINGS, JAMES, SYMONDS, and others.

These are all representative men. They have given utterance to the true feelings of their profession. They have advocated the cause of science in the interest of mankind. It remains for the body of the profession—those who have sons to educate, those who honour their calling—to mark their sense of the conduct of those who, by establishing special hospitals, inflict such injury upon science.

THERE are, as everybody knows, *two* ways of living: the one being, living *within* your means, the other, living *beyond* them. Both private individuals and public bodies adopt one or the other method, according to their different views of personal enjoyment and happiness, and the proper mode of getting on in the world. Plain and prudent people, who think "honesty the true policy," who are satisfied with moderation in the present, and with laying in store for the future, adopt the first way of living; whilst dashing and jovial folk, who always like to see the "pot boil," sing *carpe diem*, and let the future take care of itself, follow the second. Whilst one cuts his coat according to his cloth, the other acts upon the principle that there is nothing like keeping up appearances. Live plainly, within your means, and who will care for you? Make a show, though beyond what you can legitimately afford, and every-

body will court you. In the former case it will be often apparent how little your custom is sought, though you are sure to pay for what you have; in the latter, it is wonderful how apparently sensible tradesmen will esteem it, though it must be more than doubtful they will ever be paid for what you order. Strange infatuation truly, that there should be less anxiety to be honestly dealt with by the "people," than to be taken in by the "quality." But so it is, and not in private life alone, but in public also. If a charitable institution lives within its income, or puts by a few pounds yearly to a permanent stock, and renders a plain and straightforward account of its stewardship, always carried on with reference to the means entrusted to it, such an institution meets with comparatively but humble recognition. But let it spend yearly all, or more than, it can get, or sell out its reserved stock, and live upon that; build architectural additions, and run into all sorts of extravagancies *quoad* its income, and it will be strange if, with some ingenuity, the public is not brought to patronize the promising establishment. For getting on, then, both at home and abroad, there is nothing like having plenty of "go" in you. But most things have their drawbacks, and living beyond one's means is apt to be met by the common misfortune. A screw will get loose somewhere, and then the whole machine threatens to stop, or to fall to pieces. The butcher has just sent in a lengthy bill, for the settlement of which he is becoming extremely unpleasant. Appearances cannot be much longer preserved, and so Boulogne is visited. Or the secretary informs the public that the treasurer has not sufficient money in hand to pay the builder for the new wing, and that if the public does not come forward again pretty liberally, the "Board" will not be able to open it. As regards the results of such private and public calamities, there is often some little difference. The family who "lived in such style" is apt to go, not only to Boulogne, but to the dogs, whilst the institution is patted on the back, receives increased donations, and becomes still more fashionable. Concerts and fancy fairs do it honour; sermons and theatricals make up purses for it. Only let it get into debt on a sufficiently extensive scale, and there is no limit to the kind consideration which the public has for the spendthrift institution.

We have very recently been helped to a forcible illustration of this peculiar principle of our social economy. St. George's Hospital is, it would seem, "in difficulties." It has come imploringly before the public, and confessed that its habitual expenditure exceeds its income by £6000 per annum. Between 1830 and 1859, it reached an endowment, from legacies, donations, and life subscriptions, of £225,000. Of this, £25,000 have been expended upon the new building, and further, as a remonstrating Governor's letter in *The Times* informs us,

"The Weekly Board have thought it right to expend capital to the amount of £200,000, (during a space of thirty years,) in addition to their income on the current expenses of their establishment, and have thus contracted a habit, which they are very unwilling to relinquish, of living upon their capital instead of on their income; consequently they now find themselves compelled to proclaim, that as their habitual expenditure exceeds their income by £6000 a year, the public must either subscribe in future £10,000 a year, instead of £4000, or several wards of the Hospital must be closed."

Now, we freely admit with the remonstrant Governor, that whilst there are not any grounds for imputing malversation of funds, or jobbing, to anyone connected with the administration of St. George's Hospital, there are sufficient reasons for looking with a severe eye upon its improvidence and reckless expenditure. If the data &c. before us are correct, it would appear that had the now spent £200,000 been invested in the public securities, and had the management been content with spending only the interest of their capital along with their ordinary income, it might at present have had an endowment of £325,000, the interest of which, combined with other revenue, would have placed the Hospital of Belgravia in a most enviable position. And what are the arguments likely to be urged in vindication of the opposite and unfortunate method which has been followed? The remonstrant Governor tells us, that

"The arguments by which the Weekly Board defend the course which has brought them to the present pass, and of which they are still prepared to maintain the propriety against every argument, save the convincing one of want of money, are, that it operates as a salutary laxative on the public purse-strings; that the more good they ostensibly do, the greater chance they have of obtaining further subscriptions and legacies; that the benevolent are especially disposed to be generous to hospitals in difficulties—i. e., to hospitals managed with improvidence; and they even go so far as to attempt to demonstrate, by reference to their books, that every sacrifice of capital which they have made in order to reconcile a small income with a large expenditure, has been providentially followed, sooner or later, by a large legacy."

Well, then, as our remonstrating friend aptly remarks, if the system of expenditure in reference to means, adopted at St. George's, be a good system, our having drawn attention to it will not do it any harm, and it rather deserves the compliment. But if it be a bad one,—if prodigality urged to recklessness—if living upon capital instead of upon income, be plans which, sooner or later, must come to a stand-still, why then it equally behoves us to bring it forward as an example. Whether good or bad, then, be the economics of Hyde-park Corner, we feel it our duty, as public journalists, to let the charitable and subscribing public judge for itself.

Is not it a reproach to England that anyone bearing the name of JENNER should be in want? Yet twice has the claim of Mrs. ELIZABETH JENNER, the widow of Dr. WILLIAM HENRY JENNER, the grand-nephew of the Discoverer of Vaccination, been defeated in her endeavour to find a shelter for the close of her days in the Royal Medical Benevolent College. For a third time she is a candidate. We feel a sting of shame at being compelled to publish such a fact to the world. We hope that the medical practitioners of JENNER's native land, and those especially who are governors of the College, will make the cause their own, and rescue their country and their profession from a reproach that weighs heavily upon us all. Until the election of Mrs. JENNER is secured, no one should feel at liberty to exercise his privilege as a governor in favour of an inferior claim. There are names, noble and ignoble, the mere possession of which entitles the wearers to a refuge from poverty, or to endowments for education. The name of JENNER is not one of these; but it ought surely to command the active sympathy of every member of that profession which JENNER may be justly said to have endowed with a perennial inheritance of honour.

As some systematic and steadily-directed efforts are necessary to secure the end in view, we earnestly recommend that every governor should make the claim of Mrs. JENNER a

standing entry in his visiting-book; that he should lose no opportunity, by correspondence or otherwise, of soliciting votes; that, in short, every one of us should make the case his own personal affair. We publish the details of MRS. JENNER'S claims in our advertising columns; we shall in this and other ways continue to remind our readers of the matter. We shall be happy to receive promises of support forthwith, and intend from time to time to publish lists of adherents to the cause—a cause in which the national honour is concerned.

FROM the last Indian advices, it appears that great discontent prevails amongst the medical officers of the East India Company, in consequence of a regulation which most seriously affects them. Whilst the surgeons of the Royal Army are allowed all the privileges of a twenty years' service, wherever it may have been passed, their brethren in the Company's service are compelled to spend twenty years actually in India before they are entitled to the same advantages. The injustice of this regulation requires only to be mentioned to be made evident. Under such a system, it is not surprising that candidates for the Indian medical service are comparatively so few. Surely, if a man loses his health from service in an unwholesome district, and requires change for the preservation of his life, the time spent in recruiting his strength ought to be regarded as a period of service. Not so, however, think the Indian authorities. No doubt the attention of Sir RANALD MARTIN has already been directed to this subject. Should he succeed, as we believe he will, in remedying this gross abuse, he will add another claim to the many which he already possesses to the gratitude of his brethren.

A BILL, on the motion of Mr. COBBETT, M.P. for Oldham, has passed the House of Commons, to provide for the payment of County Coroners by salaries instead of fees. It is not unlikely that the Bill will pass the House of Lords without encountering any serious opposition.

AN UNIVERSAL HISTORY OF LEPERS AND LEPER-HOUSES.

RECENT discussions on leprosy in this country have shown that, although the subject possesses considerable interest for English physicians, amongst us it is rather a question of traditions than of existing facts. It is remarkable how much variance of opinion and obscurity of view are manifested whenever the matter is broached. Certainly a malady of which the ravages are described in the most ancient historical records, for which richly endowed asylums and lazarettos still exist in great numbers, and which even now attacks many thousands in divers parts of the world, is worth zealous study. Professor Virchow, of Berlin, an inquirer favourably known throughout the scientific world for his great pathological acquirements and voluminous contributions to medical literature, has taken the occasion of the large number of physicians, historians, and travellers of various countries now collected in this metropolis, to address to them an appeal for assistance in composing a History of Leprosy (Lepra Arabum, Elephantiasis Græcorum, Spedalskhed). The information which he will receive from this country will, no doubt, chiefly comprise references to or extracts from volumes and records of the past. But even these possess a high interest, in so far as they refer to the foundation of leper-houses, to their management by the clergy, and to the circumstances which determined the admission of lepers into these establishments, and their separation from the rest of the community. It is, however, probable that some important observations in connexion with the disease, as at present existing, might be contributed by physicians residing in the northern British Isles, where the fish diet, damp climate, rude habits, and poor living are believed still to foster the embers of this dying disease. The large field of observation which the importation of diseases through our wide maritime connexions adds to the ordinary practice of British hospitals and infirmaries may afford some further data of remark. Professor Virchow expresses a particular hope that everyone will rest assured that any contributions, however small, will prove acceptable. The points on which information is desired include the locality of existing or formerly existing lazarettos; their date of foundation; their capacity for patients; their statutes and plan of administration; if suppressed, at what date, and to what other purposes they were turned. Again, in relation to the disease, the information desired resolves itself into queries as to the present seats of leprosy; its past sites, when first, and when last mentioned; the forms observed (Lepra tuberculosa, anæsthetica, mutilans, articulorum, morphœa); the known relations, if any, of morphœa and other forms of lepra. Then, is the disease endemic or sporadic? Is it attributed to inheritance, contagion, climate, humidity of atmosphere and soil, or food, as fat or fish, salted or otherwise? It remains, too, to learn whether there is any known treatment for leprosy; and a deep human interest is concerned in the collection of any practical laws affecting lepers, involving their solitary confinement and prohibition from marriage. The question of the mode of propagation of disease is always one which closely touches the interests of civilization. In the case of leprosy, history will probably be made to testify to hideous instances of wide-spread suffering, which may also prove to be examples of mistaken oppression. So many thousands are still affected by the just solution of the question that the international comparison of the observed history and phenomena of leprosy possesses a contemporaneous and vital importance. No doubt Professor Virchow will be enabled by this appeal to collect the materials for a judgment. The inquiry can only successfully be carried out by international aid, and in availing himself of the opportunity afforded by the Congress, the learned Professor affords a fresh testimony to the value and uses of such a meeting. On future occasions it may be hoped that the more widely important question of the mode of propagation and history of plagues, such as cholera and yellow fever, may undergo international investigation; for it was justly remarked by the President of the Sanitary Section, that the determination of these facts would confer a moral and social benefit on the nations of the world, hardly inferior to any boon which science could impart; and this, with many other great problems in the etiology and connexion of wide-spreading epidemics, are in a state ripe for searching investigation.

THE HEALTH OF THE LEGIONS.

THE curious may find a nice subject for thought in balancing the later intellectual acquisitions of our race against the lost treasures of ancient lore. If there be literally nothing new under the sun, the study of that which is old in contrast with the new must always remain fertile in interest. Without sympathizing with the retrogressive principles of the strict material interpreters of the royal axiom, we may often listen with profit to the *laudatores temporis acti*, who remind us that part of the time spent in pursuing further developments of knowledge may sometimes be as usefully employed in the review of the solutions worked out long since. It is rarely that any theory is prominently discussed and emphatically affirmed, or any proposal newly started and much debated, but we learn, after a while, that our new idea is only a very

antiquated one in a novel disguise, and that we are filching from ancient stores without recognition; so that, on the whole, it might sometimes be doubted whether during the last few centuries we have learnt or forgotten more.

We have heard lately of nothing more frequently than military hygiene. Military hygiene, we are told, is a new science; even its principles remain to be established, and the mode of carrying them out is only partially determined. Dr. James Bird, the late Physician-General to the Bombay Army, is of another opinion; and, speaking with an intimate knowledge of all that relates to the sanitary organization of modern armies, he affirmed the other day, in a lecture before the military authorities of our United Services, that "all the sanitary provisions of military hygiene which, through the public press and the authorities, have been enjoined in this country on all concerned, as if parts of a new science discovered but yesterday, were fully appreciated and acted on by the Roman commanders." Dr. Bird starts with the enlightened proposition of Vegetius, the great Roman authority on military organization, that want more often destroys an army than battle—that famine is more terrible than the sword: "Sæpius enim penuria quam pugna consumit exercitum et ferro sævior fames est." He shows that they omitted no precaution to provide against the contingencies of disease amongst their troops, and to adopt means for preserving the health of their soldiers. Encampments, marshes, water, heat, cold, exercise, diet, and clothing were all studied in their relation to the health of the soldier and the efficiency of the army; and in instituting investigations into the science of military hygiene, we appear to be reviving an old Roman art, but by no means creating a new one.

CAPTURE OF WHALES BY MEANS OF POISON.

To the apprehension of the uninitiated, any attempts such as those described by Dr. Christison to the Royal Society of Edinburgh under the above title, would suggest a primary difficulty not unknown in relation to far smaller objects of pursuit; since the poisoning might more easily be conceived as contingent upon capture, than the capture as capable of being effected by poisoning. The enterprise of catching whales by poisoning them at large on the high seas is undoubtedly a toxicological experiment of unusual dimensions; and Dr. Christison confesses that when first the proposition was made to him by the late Messrs. W. and G. Young, then engaged in the whale fishery both in the Arctic and South Seas, he could not for some time entertain it seriously. But explanation begat inquiry, and inquiry led to trial. It should be premised that trials have only led to failure; but as nothing occurred in those trials to contradict the expectation of success, and as late improvements in the knowledge of poisons strengthen that expectation, Dr. Christison thinks that he may render service by now making the facts public. The first experiment dates as far back as 1831; but a sense of the commercial value of the secret, and a feeling of honourable regard to the interests of the firm who were concerned in this undertaking, have imposed reserve, to which the death of those gentlemen, and the cessation of their representatives from the trade, have now put an end.

The experience of harpooners shows that the major number of escapes effected by whales, both in the northern and southern latitudes, arises from the fleetness with which they run after being struck. In the Arctic Seas they make rapidly for the nearest mass of ice, and, diving beneath its edge, emerge only at some distant blow-hole, and most frequently are lost. The spermaceti whale of the South Seas runs straight ahead, and several boats are necessary to maintain the communication between the ships and the harpooners. It was desired then to employ some means of striking into the whale a rapid and powerful poison, which, if it did not destroy life, should at once paralyse motion. Dr. Christison selected hydrocyanic acid as the substance which best answered these requirements. The average maximum bulk of the whales caught was estimated at about forty tons weight, and forty feet length, for each animal. It remained, therefore, to provide poison in doses suitable to such a living mass. Considering that one drop of pure hydrocyanic acid, if struck in the flesh of a man weighing about two hundredweight, would suffice to procure instant death, Dr. Christison calculated that two ounces, or 480 drops, would be a sufficient dose for a whale of forty feet and forty tons. The preparation of large quantities of pure hydrocyanic acid offered at that time some difficulties which were successfully overcome, and means were devised for introducing the poison into the barbs of the harpoons in such a manner that any strain upon the weapon when plunged into the whale would fracture the bottle and let free the poison. A whaler was provided with these poisoned weapons, but the only effect of this first stock of poison was nearly to kill the chemist of the ship; for an eight-ounce bottle broke while he was manipulating it, and it was only by rapidly fishing him up through the hatchway with a boathook, and promptly applying restoratives, that his consciousness was slowly restored and his life saved. The ship was next night crushed between two fields of ice, and the experiment ended. Subsequently, in 1833, the *Clarendon* was despatched, also armed with poisoned harpoons. On this occasion the Messrs. Young did not consult Dr. Christison, and he does not possess accurate information; but from accounts received through Dr. Paterson of Leith and through Dr. Andrew Fleming, of this and another vessel, he is disposed to believe that the proceeding was attended with a considerable share of success. Twenty-four whales were killed by the *Clarendon*, and six lost: she returned with a larger cargo than any whaler had brought in for many years. The reports of an eye-witness to the first harpoon used in this vessel state that when the whale was struck she "sounded"—that is, dived perpendicularly downwards to a great depth, and presently reappeared, floating on the surface and dead. The effects are described as being tremendous, but the men were afraid of cutting-up their capture. Various rumours of similar and successful attempts have from time to time reached home, bearing a considerable degree of circumstantiality, but no ascertained results exist.

Dr. Christison points out that the discovery that hydrocyanic acid may be preserved unaltered for a great length of time in hermetically-sealed tubes, materially favours the employment of this substance in any future attempts at capturing whales by poison.

STEPS TOWARDS AMALGAMATION OF THE MEDICAL SOCIETIES.

THE idea of uniting the various large Medical Societies into one body, which should represent the total interests of scientific medicine with a greater efficiency than the scattered and isolated Societies which are devoted each to a special department of scientific medicine, has been more than once ventilated, and lately was ably discussed, as most will remember, at the Medico-Chirurgical Society, on the motion of Mr. Chas. Hawkins. In all such measures there are two points for consideration—the expediency and the practicability. There can hardly exist any diversity of opinion as to the admirable purposes which would be served by an harmonious union of the great Societies under one organization, and their assembly under one roof. The difficulties which have hitherto impeded the realization of this idea have been mainly practical. They concern the time, place, manner, and conditions of amalgamation. Recently, a stronger impulse has been imparted to the movement towards unity by an intimation of a feeling privately existing in official quarters that any Society which, by its numbers, importance, and the incorporation of the various elements of the profession, might be considered as in the main a fair scientific representative of the medical body, would be favourably

considered in an application for Government recognition and lodgment in the new buildings about to be erected for such purposes at Burlington House.

The opinions of the Councils of the various Societies are tolerably unanimous as to the question of the desirability of amalgamation. The initiative in the matter has been taken by some of the Council of the Medico-Chirurgical Society. A conference with the leading members of the Council of the Pathological and other Societies, has resulted in a general expression of adhesion to one plan of union, of which the leading feature would be the constitution of a General Society, somewhat resembling the continental academies, at the head of which would be the Medico-Chirurgical, and which would possess Medical, Surgical, Pathological, and Obstetric Sections. A moderate subscription-fee would give the membership of any one section in which an individual might be particularly interested.

This general outline obtains common assent; other questions will, of course, remain for adjustment should this union be effected. The title of the new body would require consideration. The Medico-Chirurgical Society holds its title and constitution by charter, and any change would involve a resignation of that charter; but then, a new one might be obtained. The relative privileges which would be acquired by the present members of such Society in relation to the others, is also a matter which presents some points on which some diversity of opinion necessarily exists. But it may be earnestly hoped that minor differences will vanish before the common desire to take one further step towards that unity of organization in which the medical profession has been so long deficient, but which, if attained, would so greatly enhance its power, usefulness, and prosperity.

A PHYSICIAN OF COLOUR.

MEDICINE, which has always shown a noble preference for the universal interests of humanity over the minor divisions and classifications which limit charity and impede active benevolence, was with peculiar felicity represented at the late Congress by physicians, not only of every nation, but of every race. Europe has sent highly cultivated men of all countries, and America was ably represented by Dr. Jarvis, the father of sanitary statistical science across the Atlantic. But no representative received a heartier welcome than Dr. Delany, a physician of African blood, and combining all the most strongly marked physical characters of his race, with great intellectual cultivation, and much information on the subjects discussed in the Sanitary Section of the Congress. Dr. Delany was specially appealed to by Dr. M'William that he might state his experience on the subject of the mode of extension of cholera and yellow fever, in the discussion on Dr. Milroy's paper on the International Observation of Epidemics. His remarks, delivered with great clearness and good sense, were well received; and Dr. Delany, with genuine modesty, in expressing his acknowledgments, said that he well knew how to appreciate the kindness which gave to him a cordial welcome, such as his scientific pretensions could not evoke, but which he felt pride in attributing to sympathy with his race.

In the general meetings of the Congress, Dr. Delany became the subject of general attention, owing to the remarks of Lord Brougham; and on the last day he expressed his sense of the honour done to him and his people by this reception, in words which, by their deep and genuine feeling, produced a profound impression.

ARCTIC REGIONS.—Dr. Hayes, formerly a surgeon of the expedition to the Arctic regions which Dr. Kane headed, has just left Boston in a vessel called the *United States*, on a voyage of research through the same seas. He hopes to reach 79 or 80 deg. north latitude this season, winter in some convenient locality in Smith's Strait, and then to push on early next spring. Contributions were liberally made to assist this traveller.

SIR BENJAMIN BRODIE ON SPECIAL HOSPITALS.

To the Members of the Deputation appointed by the Representatives of the Medical Staffs of General Hospitals.

DEAR SIRS,—Agreeing in the views expressed in the paper which you have sent me, I am happy to add my signature to it.

An exception, indeed, may be made, on grounds which meet with the general concurrence of the profession and the public, in regard to ophthalmic infirmaries. Otherwise it seems to me there are very great objections to the establishment of special hospitals for the treatment of particular diseases.

1st. Diseases generally are so connected with each other, and a knowledge of one is so necessary to the right understanding of another, that no one who limits his attention to any given disease, can be so competent to investigate its nature, and to improve the method of treating it, as those are who have a wider field of observation, and who are better acquainted with general pathology.

2ndly. The effect of establishing special hospitals and infirmaries is to abstract particular classes of disease from the general hospitals, and thus to prevent the students of those hospitals from having the opportunity of studying certain branches of their profession, an acquaintance with which is necessary to make them useful practitioners afterwards.

3rdly. The system of establishing special hospitals, which now prevails, is a source of much unnecessary expense to the public; each one of these, however humble it may be, requiring a separate house, and a separate establishment of matron, nurses, and servants. At least two-thirds of the expense thus incurred would be saved, if the patients who are there admitted were sent to the existing general hospitals instead; and it cannot be said that in these last there is no room for their reception, there being several which are languishing for want of funds, with their wards empty because the means of supporting them have been drawn away to other institutions.

I am, dear Sirs, yours truly,

Broome-park, Betchworth, Surrey, July 16th, 1860. BENJAMIN C. BRODIE.

INTERNATIONAL STATISTICAL CONGRESS.

PROCEEDINGS OF THE SANITARY SECTION.

THE great week of this Congress deserves a fuller record than we have already given of its proceedings. We therefore furnish such an abstract of the papers read in the Sanitary Section, and of the discussions to which they gave rise, as may at one view record the contributions to sanitary science which have been given by its members, whether home or foreign.

The papers announced in the programme at the opening of the Fourth Section were—on General Sanitary Statistics, by Dr. Farr; on a Uniform Scheme of Sanitary Statistics, by Dr. Sutherland; and on the Statistics of Hospitals, by Miss Nightingale. Additional topics were announced by Dr. Jarvis, on a Uniform System of Reports in Lunatic Asylums; by Dr. Milroy, on Simultaneous and International Registration of Epidemics; by Mrs. M. A. Baines, on the Statistics of Wet-nursing; by Sir David Brewster, on Colour Blindness.

Taking these subjects in the order in which they were entertained in the Section, we notice first the paper of Miss Florence Nightingale, on the Method of Reporting Hospital Statistics, read on Tuesday, 17th July, to which we briefly referred last week. In this paper it was proposed that each hospital should tabulate its annual work according to "diseases," "ages," "sexes," and that under each disease should be shown—1, the numbers remaining at the beginning of each year; 2, the numbers admitted during the year; 3, the numbers cured; 4, the numbers discharged incurable, unrelieved, or at their own request; 5, the deaths; 6, the duration of cases; 7, the numbers remaining at the end of each year. The forms prepared for collecting this information, and submitting it to the Congress, had been already tried in several hospitals, and the results were considered sufficient to show how large a field for statistical analysis and inquiry would be opened by their general adoption. They were considered sufficient to ascertain the relative mortality in different hospitals,

as well as of different diseases and injuries at the same time and at different ages, the relative frequency of various diseases and injuries amongst the classes which enter hospitals in different countries, and in different districts of the same country. They would enable us to ascertain how much of each year of life is wasted by illness; what diseases and ages press most heavily on the resources of particular hospitals. For example, it was found that a very large proportion of the limited finances of one hospital was swallowed up by one preventible disease—rheumatism, to the exclusion of many important cases or other diseases from the benefit of the hospital treatment. It had been shown that most of the cases admitted to the hospitals, where the forms have been tried, belong to the productive ages of life, and not to the ages at the two extremes of existence. The paper stated that the relation of the duration of cases to the general utility of an hospital had never yet been shown, although it must be obvious that if, by any sanitary means or improved treatment, the duration of cases could be reduced to one-half, the utility of the hospital would be doubled, so far as its funds are concerned. The proposed forms would enable the mortality in hospitals, and also the mortality from particular diseases, injuries, and operations, to be ascertained with accuracy; and these facts, together with the duration of cases, would enable the value of particular methods of treatment and of special operations to be brought to statistical proof. The sanitary state of the hospital itself could likewise be ascertained. The statistics of rare diseases and operations are still very imperfect; but by abstracting the results of such diseases and operations from the tables after a long term of years, trustworthy data could be obtained to guide future experience. The proposed hospital forms were all alike, differing only in the headings, which it was proposed shall be those given above. The nomenclature is the one agreed to at the Paris meeting of the Congress, and the classification is essentially the same as that used by the Registrar-Generals of the United Kingdom, with a few modifications to include rare diseases, tumours, &c.

Dr. Varrentrapp, though acknowledging the necessity of making a distinction between diseases and diseased persons, did not approve of making two statistics, which would be an unnecessary and useless labour. He said, "out of 100 cases of typhus fever, there may be 14 who will have a different disease; you must see what the second disease is, or you will not have any particular result." He thought it important to give the day of entrance into the hospital. He agreed with Dr. Neumann as to the importance of giving the result of typhus; that on such a day came the crisis, on such a day you bled for the last time, and that on a certain day the patient left the hospital cured. He thought that transference from one part of the hospital to another should be avoided, unless one disease had been cured and another had commenced. Speaking of his own hospital, he said, "If a patient goes in with a broken leg, I dismiss him after the lapse of a certain time with regard to that, and enter him the same time in another part of the hospital for the itch, or whatever his other complaint may be." He thought the diagnosis was often published prematurely, observing that we may think, in the beginning, that we have a case of typhus fever, which, after a few days, turns out to be a different disease. It was not always the case that in those months in which the greatest number of cases occurred, there were the greatest number of deaths; but there were months in which the disease occurred less frequently, and the deaths were more numerous. He would, therefore, wish the ages and the months to be marked.

After much discussion on various collateral subjects, the paper of Miss Nightingale was adopted by the Section; and it was resolved that its recommendations be made known to the different Governments.

The proposals for a uniform scheme of sanitary statistics were embodied by Dr. Sutherland in fifteen propositions, referring to the influence of age, sex, occupation, locality, climate, and general sanitary condition, on mortality; the propositions to be embodied in tabular forms. These forms would include the conditions under which the population of any particular town or district may be placed as to local climate, soil, drainage, paving, area occupied by the population, with the facilities for external ventilation afforded by the structure or position of the town; the length of the streets, with their breadth in relation to the height of the houses, and the internal condition of the latter as regards repair, cleanliness, light, ventilation, and cubic space for the inmates; also the water supply, its nature, quality, and amount; the statistics of food and drink, and their consumption; the classification of trades and occupations influencing health; and the statistics of interments.

These proposals were adopted, subject to certain additions as to the sanitary statistics of hospitals, schools, drained and undrained houses, common lodging-houses, and sleeping-rooms.

On the subject of dwellings provided for the labouring classes, and adapted to their requirements, by societies, &c., Dr. Greenhill proposed a series of inquiries relating to the influence they exert on sanitary interests, and also their cost and value as investments. These inquiries were to embrace the occupation of the inmates, including the mothers, and the number of children attending school. Dr. Ballard suggested that the inquiries should refer also to "class," and the proportion of Irish occupants. These recommendations were adopted.

On the fourteenth proposition for a classification of trades, &c., it was doubted whether the proposition referred to the influence which trades exert over the sanitary condition of a neighbourhood, or on the persons engaged in them. Dr. Sutherland was not prepared to propose a scheme on the latter point. Dr. Ballard suggested a method which he handed in, and which was referred to a committee, who adopted it on the next day, with a few modifications, leaving it as follows:—

That any scheme for the classification of occupations, trades, businesses, and manufactures, having regard to their influence upon the persons engaged in them, should be based upon their character as respects the following points:—

1. Whether they involve severe or moderate bodily exertion, or the reverse.

2. Whether they are carried on in the open air, or in shops, warehouses, offices, or other confined places.

3. Whether they involve exposure to vapours or miasmata of any kind, or to any kind of dust (including all those usually deemed unhealthy from these causes).

4. Whether they involve the maintenance of a constrained posture, or any local pressure.

5. Whether they involve an unusual amount of exposure to the weather, to heat or cold, or sudden alternations of heat and cold.

That in respect of trades, &c., the distinctions of masters and employed should be recognised.

That the following should be the primary divisions of the classification:—

I. Persons of rank or property, including manufacturing and trading capitalists.

II. Persons in learned professions, and persons practising superior arts.

III. Persons *actually* engaged in the defence of the country, specifying rank and particulars of occupation.

IV. Persons engaged in the mercantile marine, or otherwise on the sea, rivers, or canals.

V. Individuals *personally* engaged in occupations, trades, businesses, and manufactures, or other employments not embraced in former sections,—

1. Involving severe bodily exertion;
2. Involving moderate bodily exertion;
3. Not involving bodily exercise.

Dr. Farr's paper on General Sanitary Statistics embraced the following topics:—

1. The sanitary condition of each nation, and of each circumscription, such as district in England—*arrondissement* in France, should be distinctly exhibited. The rate of mortality per 1000, over a series of years, should be determined.

2. The mortality, the mean lifetime (*vie moyenne*), and the fatal diseases of each population should be determined for the whole people, and for (*a*) the healthiest districts, (*b*) the unhealthiest districts, and (*c*) all the considerable cities. For this purpose life tables should be constructed.

3. At the census the numbers suffering from the principal infirmities, and from the diseases which disable people from following their ordinary occupations, should be ascertained. The numbers sick in hospitals, their mortality, and the duration of their illnesses, should be investigated; and, wherever it is practicable, the investigation should be extended to other classes of the population, and notably to the members of all Friendly Societies.

4. The stature, the weight, the strength, the working power, and the intelligence of the people, are indications of health, which should be explored in groups of the population at each age, wherever that is practicable.

5. Amongst the causes which are found to have the greatest effect on the health of the people, are the air they breathe, and its various impurities, their contiguity to each other, their food and drink, the action of their minds and muscular effort, or exercise and labour. In investigating the causes, the effect of varieties of habitation, density, proximity, elevation, latrines, income of the population, should be therefore especially investigated.

6. The occupations have a marked influence on the health of the people, and it is found that by easily arranged modifications the trades most injurious to health can be made innoxious. The Section, therefore, recommends a special inquiry in every State into the effect of the principal occupations of its people on health. To secure uniformity, the forms of which examples are given, as applied to the miners of England, are recommended for adoption, with such others as circumstances may suggest.

7. The Section strongly urges upon the Congress the propriety of appointing Health Officers, and of adopting the most effectual measures to secure the publication of their periodical reports amongst the people of each locality, showing the state and progress of their sanitary condition.

8. They suggest that in every State quarterly returns should be published of the marriages, births, deaths, and prevailing epidemics of every district, as well as *annual* returns of the deaths and fatal diseases at each quinquennial period of life. The tables should, in all cases, be accompanied by popular and scientific reports.

9. In large cities, *weekly* tables, such as those of London, should be published.

10. In this manner the sanitary condition of each part of the population will become known, and the efficacious measures which may be discovered in any country can be applied in all others; so the health of the human race will be improved, and each nation will get its full share of the benefit.

The Section cordially adopted Dr. Farr's recommendations, with one or two slight modifications, involving the quarterly and monthly publication of reports referred to in the eighth proposition.

Mr. Hart proposed, as an important addition, that returns of sickness should be furnished in a manner similar to the returns of mortality. He called attention to the very valuable returns of sickness which for some time were published by the General Board of Health, having been prepared by the Metropolitan Medical Officers of Health, at considerable expense to themselves; and regretted that financial considerations should have induced the Government to discontinue their publication.

Dr. Ballard observed, that the importance of such a publication could not be over-estimated, and the withdrawal of the Government aid in this matter had been a source of great discouragement to the Health Officers of the metropolis. Returns of mortality in no measure afforded an accurate means of ascertaining the relative prevalence of diseases, as their fatality varied, not only *inter se*, but at different seasons.

These views were supported by Dr. Tripe and other members of the Section, and it was determined that a recommendation to this effect should be made to the British and foreign Governments.

The paper of Mrs. M. A. Baines, on Wet Nursing, read by Dr. M'William, opened with the statement that out of 100 children in Paris suckled by their mothers, the deaths are 18; while of those wet nursed they are 29 per annum. Besides the mortality amongst children of mothers belonging to the middle and upper classes, it may be fairly assumed that the children of wet nurses form a very large proportion of those who die prematurely from this custom, whether those deaths are recorded as caused by *want of breast milk*, or classed under *convulsions*, or any of the numerous disorders arising out of ignorant management or wilful—i. e., culpable—neglect. It is not an uncommon occurrence for the name of one child to be on the books of two, three, or even four burial societies. Where this is the case, suspicion must naturally be attached to the motive of the parent, parents, or nurse; and when death occurs under such circumstances, investigation should take place as to the cause, and a *reliable* medical certificate be obtained. It would be interesting and important to know, in connexion with the present subject, how many of the mothers of "still-born" children follow the occupation of wet nursing—i. e., how many had decided upon taking up that vocation before the birth of the "still born." For the consideration of the Sanitary Section of the Congress, a few practical suggestions were offered relating to some simple means by which very valuable, if not complete, information might be attainable.

1. Members of the medical profession in obstetrical practice might be recommended or required to keep notes with reference to the number of their patients who employ wet nurses, the fate of the infant so reared, and that of the woman's child. This information should embrace the first twelve months after birth, supposing the children should survive so long.

2. The Medical Officers of Health in each district might undertake the duty of collecting the information desired, so that they might furnish to the Registrar-General the necessary figures and facts.

3. The Registrars in the various districts and provincial towns might be instructed to ascertain the number of children who die under one year old, such children having been consigned to wet nurses, or discarded by their mothers to enable them to do duty as wet nurses.

It is a fact, to which the secretaries of burial clubs can testify, that many of the infants entered on their books, and who die prematurely, are the children of wet nurses put out to "dry nurse," and are there made use of as the victims and innocent agents of a profitable speculation by their ostensible but inhuman "guardians."

Dr. Ballard called attention to the fact that England is almost the only country in which still-births are not registered. He complained that the Health Officers were not officially entitled to communicate with the Coroner on the subject of suspicious deaths, and that this important duty was left wholly to the discretion of a beadle. Three deaths of infants were registered from one house in his district, within a fortnight, as occurring from hydrocephalus—a disease of such rarity that no medical man could credit the record. He strongly suspected that these deaths were caused by opium, in some of the forms employed by the lower classes for quieting children.

Dr. Milroy's paper on the International Registration of Epidemics proposed an inquiry which has not yet been attempted—the notation and record from year to year of some of the principal epidemics in the different countries of both hemispheres. The researches of inquirers having to the present time been necessarily confined to their own country, and often only to one division of it, it is obvious that unless like researches are being carried out simultaneously in other countries, contiguous and more remote, some most interesting problems of epidemiology—such as the migratory course of certain epidemics, their recurrence at irregular intervals, their subsidence at one time and their reappearance at another—can never be hoped to be elucidated. It is worthy of note that the last sixteen or eighteen years have afforded some most remarkable instances of the kind. What has been done of recent years with so much advantage by the synchronous observation and record in different regions of the phenomena of meteorology, magnetism, and other branches of the physical sciences, might probably be undertaken with similar benefit by the registration on the same plan of epidemic statistics. From the aid which the Earl of Shaftesbury gave to the Committee, a large amount of valuable data respecting recent epidemics in most parts of the world has been received through the Foreign and Colonial Offices, and from the Medical Departments of the Army and Navy. The institution from this time of a systematic annual record of certain epidemics occurring in the various countries represented at this Congress, would be the means of obtaining such diversified information as, when collated at the next meeting of the Congress, might serve to throw much light on the natural history of that class of diseases, and lead to results useful alike to science and humanity. Epidemic storms may yet be traced and indicated in much the same way, and with like beneficial effects, as ordinary meteoric storms have been of recent years by Sir W. Read and other good observers. The diseases to which attention is called are, typhus and typhoid fever, intermittent and remittent fever, yellow fever, cholera, dysentery, influenza, small-pox, and perhaps also scarlatina and diphtheria, with other malignant forms of sore-throat. The points in their history specially deserving to be noticed are—1, The period of their commencement; 2, The total number of deaths and, as far as possible, of attacks; 3, The general sanitary topography of the towns or districts; 4, The precursory state of the public health for one or two months; 5, The date of the last epidemic, and also the extent and fatality of that invasion and of the present one, so that a comparison may be made between them.

Dr. M'William stated that yellow fever had of late years shown itself at altitudes and in latitudes never before invaded, and observed that it was not impossible that England may some day be visited with this scourge. He recommended that some responsible persons should in all ports note the first occurrence of this disease and of cholera, recording the first case, and the conditions under which it appears.

Dr. Delany, a coloured gentleman from Canada, made some important observations on the spread of cholera.

Dr. Neumann referred to leprosy, or "spedalskhed," by which term it is well known in Sweden and the northern countries of Europe. He stated that Dr. Virchow, of Berlin, was engaged in making inquiries on this subject, and suggested that the disease may also occur in the northern parts of Scotland and

the Scottish islands; and he begged that inquiries might be made on this point.

Sir David Brewster, in a note to Dr. Farr, suggested that returns regarding colour blindness and certain diseases of the eye, such as conical and cylindrical cornea, &c., should be obtained by the Section. He had intended to submit a paper on the Influence of Light as a Curative Agent, and on the Development of Animal Life, which he was unable to complete in time. His wish was to call attention to the method of throwing light into the windows of houses in narrow streets and lanes, where hundreds of human beings in the principal cities of Europe carry on their occupations in what seems to a stranger almost total darkness.

Professor Simonds laid before the meeting the importance of ascertaining the extent and fatality of epizoötic and other diseases amongst those animals that are ordinarily used as food, which could be easily carried into effect by the appointment of veterinary surgeons or other officers in the various countries represented in the Congress.

Dr. Jarvis, of the United States, recommended that the superintending officers of lunatic asylums in all countries should publish their reports on a uniform plan.

Dr. Neumann, of Berlin, read a paper on the Prevalence of Cholera in Prussia from 1831 to 1855, which was illustrated by the exhibition of three maps, specially designed to show the origin and progress of the disease in that country, and which were very highly appreciated by the Section.

Dr. M'William proposed, and it was recommended by the Section, that the various governments represented by delegates should adopt a uniform method of obtaining statistical information as to the health of seamen engaged in the mercantile marine.

The business of the Section then concluded.

Correspondence.

"Audi alteram partem."

WHAT IS THE SIGNIFICATION OF THE HEART'S THROB?

(LETTER FROM MR. J. MACLISE.)

To the Editor of THE LANCET.

SIR,—I would, with your permission, avail myself of the pages of your valuable journal to put the above question to all those members of our profession by whom the determination of a truth in physiological science is acknowledged to be the surest foundation whereon to raise the practical superstructure which we may ascend with confidence, and from the summit of which we may take, in commanding prospect, a full and just comparison of the conditions of health and disease.

In daring, now-a-days, to state my conviction that the throb of the heart, as felt in the left pectoral region of man or animals, is due, not to the systolic action or contraction of that organ, but really to its diastolic motion or expansion, it may well be said that I should be furnished with good reasons for such belief, since the enunciation of it is in opposition to all recorded physiological opinion and the consequences thereby incurred.

When we reflect, however, that the opinions of even the highest authorities on a question of this nature cannot be otherwise, under the anatomical circumstances, than more or less speculative according as the veiled phenomena happen to be interpreted, this should give a place in the arena of debate to anyone disposed to enter. The heart, as functional within the enclosing thorax, is impossible to be demonstrated. Its motions of systole and diastole, which we infer (and reasonably) to be necessary for circulation, are performed out of view. And when, after experimental mutilation of form and mechanism, the heart is exposed, we see, instead of the free expansion and contraction which we expected to witness of such an organ, but a mere alternating spasm and relaxation of its muscular fibres without producing any change in the capacity of its interior. Whether the heart be detached from its connexions and removed from the thorax, or still holding its natural relative position by its vascular trunks, it manifests characters in common with all muscular substance. In neither condition can we discover the organ performing that motion which would account for its throb—its measured, positive, dynamic impulse anteriorly against the left thoracic side; and, because there are anatomical facts to prove that the heart's systolic action cannot effect this beat, and hence leave us no choice but to regard it as the effect of diastole induced by some physical condition of the organ in the thorax of the living body, and only when so situated, I have no hesitation in laying before your readers the two following propositions:—

1. *The heart's throb cannot be caused by its systolic action.*
2. *The heart's throb can be caused by its diastolic motion.*

Amongst the anatomical evidences which appear to me to prove the first proposition directly, and the second indirectly, I need only mention a few, for these are sufficient:—The living heart *in situ* is enveloped by the lungs in all parts of its periphery with the exception of a portion of the right (anterior) side of the right ventricle, near its base; which portion, of greater or less area in different cases, is placed close behind the fourth, fifth, and sixth left costo-sternal cartilages. The apex of the heart is at all times, both during inspiration and expiration, covered by the left lung intervening between it and the thoracic wall. The apex, therefore, cannot strike the thoracic left side, as it is supposed to do by those who believe that the heart's throb is owing to systolic action; and, even if such a locomotion of the heart were otherwise possible, the closely investing bag of the fibro-serous pericardium, which binds the organ to the diaphragm, would be sufficient to prevent its occurrence. If, then, to any particular part of the heart, by reason of its being in close apposition with the thoracic parietes where the throb is most appreciable, that impulse can justly be assigned, it can only be that portion of the body of the right ventricle which is permanently uncovered by the left lung; and, in respect to this part, it remains to be considered whether the throb is caused by its diastolic or its systolic motion.

The physiological phenomena which, I think, should induce us to ascribe the heart's throb to diastole of the body of the right ventricle, and to this part only, must of course negative the assumption that it can be the effect of systole, or of any other of those many various and oftentimes futile causes which have been recorded.

The heart, as a hollow muscular organ, must perform its contractions, although these be vital, according to the physical law—that is to say, the larger space which the heart, while diastolically full, occupied in the thorax, must in respect to that organ be diminished when this is systolically expelling its contents from its cavities through the arterial system. The diminution of the heart by systolic contraction on the blood is answered by the dilatation of the artery as recipient of that fluid; and, conversely, the diastolic enlargement of the heart as recipient of blood must be answered by recession of the artery as conductive of the blood. This being the, so to speak, natural libative motion of the organ and its arterial vessels, it ought to appear, I think, at first sight self-evident that of the two states—viz., increase of volume or capacity, and decrease of the same—the former is the more likely to cause the pectoral impulse or throb, and as if signifying that the diastolic heart knocked at the breast for larger room, so as the more amply to receive and pass the rising venous tide.

When the heart has performed systole, all its diameters have become lessened towards a common centre, which is in its septum; and consequently it may be reasonably assumed that the external paries of the right ventricle must tend rather to separate itself from the thoracic wall than be impelled against it, for now the blood is in efflux from the organ. On the contrary, when the heart is being set in diastole, all its diameters become increased from the same cardiac centre; and, necessarily, the wall of the right ventricle must become suddenly pressed against the front of the left thoracic wall, for now the blood is in afflux to the heart; and that its entry into the organ is *sudden*, I, for my own part, find every reason to believe. Systole, or action, is followed by diastole as quick, as reaction; and these being the only two motions of which the heart is capable, and in the performance of which, alternately, without interval, through life it is engaged, the latter motion, I am persuaded, for the reasons specified, is the cause of the pectoral beat. I have found it possible to imitate it in the dead subject in this manner:—Having tied the brachio-cephalic veins as closely as possible to their origin in the superior vena cava, the free-vented nozzle of a large syringe full of size solution was inserted into the inferior vena cava close to the foramen quadratum in the diaphragm. The thorax was left, as naturally, entire; and the lungs were fully dilated through the trachea, so as to support the heart laterally and posteriorly, and keep the right ventricle in apposition with the left costo-

sternal region. On placing my hand over this region, while the syringe by a quick motion of the piston-rod suddenly injected that ventricle, I felt an impulse similar to the heart's throb. Again, in order to prove that it is to the diastolic part of this ventricle which is uncovered by the lung, and not to the systolic apex of the heart, that the throb is due, the heart, circumstanced as above, was injected with wax, and this allowed time to set, when, on exposing the organ, the body of its right ventricle was found to have been flattened against the corresponding part of the thorax. This flattening I take to be indicative of the natural tendency of the diastolic motion being sternal, and therefore that it is this motion which causes the throb. With this conclusion all the other vital phenomena accord. The heart's beat and the arterial pulse are not synchronous, which necessarily they would be if the former were the effect of systole.

Trusting, Sir, that these few remarks, in answer to the question proposed, may seem to you not unworthy of serious consideration, and as calculated in some degree to enliven and circulate the maxim of Harvey, that "men should not swear such fealty to their mistress, Antiquity, as, openly and in sight of all, to deny and desert their friend, Truth,"—

I am yours obediently,

June, 1860. JOSEPH MACLISE, F.R.C.S.

POOR-LAW MEDICAL REFORM ASSOCIATION.

(LETTER FROM MR. GRIFFIN.)

To the Editor of THE LANCET.

SIR,—I must again ask the favour of your allowing me, through the medium of your pages, to address the Poor-law medical officers. Since my last communication I have received a letter from Mr. Pigott, who states he had met with difficulty in getting the Bill drawn, as he did not wish to incur an expense of £20. I was obliged to fix a limit to the amount, for which I should render myself liable. The Poor-law medical officers must, therefore, blame themselves for the loss of the Bill this session; for had they enabled me to give a *carte blanche* to Mr. Pigott, the Bill would have been speedily drawn; but the only subscriptions I have received this month have been 10*s.* 6*d.* from a Poor-law medical officer, and 10*s.* from a medical gentleman unconnected with the Poor-law; and the previous month I received less than £3. Mr. Pigott concludes his letter by saying, "I fear I must follow the advice given me by my friends here (House of Commons)—namely, to lay a good Bill on the table this session, and then work it through next. I like the principle of the Bill," &c. I regret the apathy of the Poor-law medical officers as a body, though I can quite understand the motives that influence many of them. I have ascertained each medical officer's salary under the present *régime*, and calculated what it would be under the proposed plan. I have also ascertained the number of patients attended by each medical officer, and when I narrate that there are 360 medical officers who attend less than 50 patients each annually, and that many of these officers have as much, or more, than 20*s.* for each case they attend, it will not be surprising they are either indifferent or averse to the proposed change. Again, there are 94 medical men who have more than 1500 patients annually under their charge; some of these attend from 2000 to 5000 each, and one has upwards of 10,000 patients. Some of these gentlemen object to the proposed limit of 1500 patients, and one has written to me, saying, that many of the London medical officers will oppose the Bill, unless this clause be withdrawn. The old adage, "Every man for himself," is here verified; to please all is impossible. The variations between these extremes may be interesting to your readers. 525 medical men attend between 50 and 100 patients each annually; 744 between 100 and 200 patients; 510 between 200 and 300 patients; 548 between 300 and 500 patients; 442 between 500 and 1000 patients, and 176 between 1000 and 1500 patients. On a future occasion I will lay before your readers a continuation of my calculations, if you will kindly allow me to do so, though, probably, you may be tired of the subject; if so, I must succumb to the fate which wiser men than myself have before experienced.

I am, Sir, your obedient servant,

12, Royal-terrace, Weymouth, July 21st, 1860. RICHARD GRIFFIN.

POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—The discussion of every-day sort of events is really, in my opinion, attended with much more benefit than that upon unusual and rare occurrences. It is a matter of much more moment to the general practitioner to be quite *au fait* in the passing of a catheter, or in opening the larynx or trachea *dexterously* on those emergencies requiring instant action, than to be well up from reading and seeing performed amputations at the hip-joint, or removal of the maxillary bone or bones. These remarks apply equally well to midwifery and its emergencies, which are behind none that the surgeon can meet with elsewhere, either in frequency, danger, or in involving your character as a shrewd and successful practitioner.

What occurs more suddenly, with less forewarning, and what can be more dangerous, than post-partum hæmorrhage? The mother, relieved from pain; the practitioner, congratulating himself at the happy termination of perhaps a tedious labour, may probably be washing his hands preparatory to departure, when his practised ear detects a sound, that I always hear, under the circumstances, with horror,—*tic, tic*, a guttative, almost continuous splash,—the blood from the flooding woman falling in a small stream upon the floor.

Many are the plans suggested as the best means for removing this horrid danger. One gentleman, a man of note, has, I believe, used, and highly recommended, the administration of ipecacuanha, from its nauseating properties lessening the action of the heart, and thereby decreasing the flow of blood to the bleeding orifices. I think the danger that an already almost faint and exhausted person must be in from the exhibition of a powerful depressant, such as is this drug, has been too much overlooked.

However, the object of these remarks is to state my opinion and experience as to the *injection* of cold water into the uterine cavity. My opinion and practice are against it—the injection of water, but not against the introduction of ice; and therein lies a great and important distinction. I have long ceased to introduce my hand into the uterus, and knead its walls with my other hand upon the abdomen, because I thought, and had, indeed, observed, that contractions did not ensue any quicker or stronger than when I resorted to my present method. Moreover, any chance of coagulation assisting in sealing the vessels was thereby lost. And I am of opinion that the forcible injection of a continuous stream of cold water would, to a certainty, wash away all coagulum, and open, anyway for a time at least, the orifices of the vessels instead of closing them.

Dr. J. R. Wardell (*vide* THE LANCET of last week), after expiating upon the advantages and good effects of cold water uterine injection in hæmorrhage, does not use it. He introduces a lump of ice, properly and wisely, and the effect was good. But I think he will allow there is a difference, and a wide one, between introducing ice and washing out the uterine cavity. There are some distinctions without a difference. This does not come within that category. I, like Dr. Wardell, never scruple at using ice, when it is to be procured; but I do object, upon both theoretical and practical grounds, to anything like the *injection* of fluid into the uterus under these circumstances. I generally find that dashing water down upon the exposed abdomen, flapping it with cloths soaked in cold water, and kneading and manipulating externally (and using considerable force), will suffice to stay the hæmorrhage. I may add, that many such cases occur in my practice, and yet I have never had a fatal result.

I am, Sir, your obedient servant,

Bromyard, July, 1860. RICHARD MARLEY, M.R.C.S., &c.

SHALL HARVEY HAVE A STATUE?

To the Editor of THE LANCET.

SIR,—No one who feels interested alike in the advancement of medical science, and the proper recognition of the genius and labours of the illustrious men to whom that science is indebted for the enunciation of its great truths, can contemplate without feelings of regret, nay, even almost of shame, the neglect to which the remains of the discoverer of the circulation are consigned, and the apathy which exists with reference to an acknowledgment of his services. A writer in a recent number of a medical quarterly urges upon the attention of the College of Physicians the subject of a statue to Harvey, and expresses an opinion that a subscription for such object

would meet with cordial support. In this opinion, probably, most members of the profession will concur. If, indeed, anything is to be done to place Harvey in the position in which Jenner has been placed, and to which Hunter is about to be raised, it is high time that the work should be commenced. To the College of Physicians belong the privilege and the honour of initiating the movement. Once begun, it would assuredly prosper; and while the artist's chisel is moulding the block from which the likeness of Hunter is to spring, the memorial to Harvey would assume a definite shape; and the same day which is to see the unveiling of the former, might also witness the inauguration of the latter.

I am, Sir, your obedient servant,

July, 1860. MEDICUS.

THE QUESTION OF TITLES.

To the Editor of THE LANCET.

SIR,—In common with the majority, I think, of your readers, I am beginning to tire of the disputed question of titles, which has called forth so much correspondence. THE LANCET is widely read by the general as well as the medical public; and the former may with very good reason say, what a disunited, querulous body of men we are. This, however, is not quite so detrimental to our status as the justice of their saying that we are not satisfied with calling ourselves by our real titles, but that we wish to assume what we are not entitled to. I think that all readers not interested in the matter, whether they are Drs. or ought to be called Drs., will conclude that we are exposing ourselves to such criticism. Why, therefore, do not L.R.C.P.s of Edinburgh, of which such wholesale numbers have been made during the past year, call themselves "Physicians," and put the same on their doors?—if they are M.D.s as well, let them say so, and then call themselves "Drs." This would be far better, and settle rightly and legally the dispute. I would ask any medical man whose practice takes him daily through the suburbs and populous neighbourhoods of London, whether the majority of those who are said to lower the status of our profession by keeping open shops are not styled Dr. So and so. Such being the case, why should those holding licences to practise medicine, as your Bristol correspondent of the 14th inst. speaks of, be not better satisfied by calling themselves what they are than by what they are not? Alluding again to your correspondent's remarks, does not the much-abused Apothecaries' Hall give licences to practise and teach medicine? why, therefore, should not a L.S.A. be a Dr.? Others say that custom has made all M.D.s not in general practice physicians; therefore all physicians must have a right to call themselves doctors: a parallel species of logic to that—because every horse is an animal, every animal must be a horse.

I am, Sir, yours respectfully,

July, 1860. A MEMBER OF THE COLLEGE AND HALL.

SPECIAL HOSPITALS.

WE, the undersigned, are of opinion that much detriment to the public and to the medical profession arises from the modern practice of opening small institutions, under the name of hospitals, for particular forms of disease, in the treatment of which no other management, appliance, or attention is required, than is already supplied in the existing general hospitals.

The practice is injurious, First, because in the maintenance of numerous small establishments the funds designed for the direct relief of the sick poor are wasted in the useless multiplication of expensive buildings, salaries, and hospital appliances, and in the custom of constantly advertising to attract public attention.

Secondly, because the public is led to believe that particular classes of disease can be more successfully treated in the small special institutions than in the general hospitals—an assumption directly contrary to evidence; the fact being that the resources of the general hospitals are in every respect superior to those of the special institutions alluded to.

Thirdly, because it is essential for the interests of the public, with a view to the efficient education of students preparing for the practice of the medical profession, that all forms of disease should, as far as possible, be collected in the general hospitals to which medical schools are attached.

As an example that the evil referred to is increasing, we regret to observe that an attempt is being made to set on foot a Special Hospital for the Treatment of Stone and Diseases of the Urinary Organs. We desire to express our opinion that such an institution is especially unnecessary; the existing general hospitals provide ample accommodation for the treatment of all these maladies; *no case is ever refused admission into them;* there are no diseases which receive more care, attention, and skilful management; and there are no men in this or any other country who have greater experience in treating them than the surgeons of our general hospitals.

Signed by

Sir BENJAMIN C. BRODIE, Bart.,
President of the Royal Society.

JOSEPH H. GREEN, F.R.S.,
President of the Medical Council.

THOS. MAYO, M.D., F.R.S.,
President of the Royal College of Physicians.

J. F. SOUTH,
President of the Royal College of Surgeons.

JAMES MONCRIEFF ARNOTT, F.R.S.,
Late President of the Royal College of Surgeons.

Sir JAMES CLARK, Bart.,
Physician to the Queen.

Sir HENRY HOLLAND, M.D., F.R.S.,
Physician in Ordinary to the Queen.

Sir CHARLES LOCOCK, Bart.,
Physician-Accoucheur to the Queen.

P. M. LATHAM, M.D.,
Physician Extraordinary to the Queen.

THOMAS WATSON, M.D., F.R.S.,
Physician Extraordinary to the Queen.

W. GIBSON, M.D., C.B.,
Director-General of the Army Medical Department.

Sir JOHN LIDDELL, C.B., F.R.S., M.D.,
Director-General of the Navy Medical Department.

Sir J. RANALD MARTIN, C.B., F.R.S.,
Physician to the Council of India.

B. G. BABINGTON, M.D., F.R.S.,
President of the Epidemiological Society.

Sir CHAS. HASTINGS, M.D.,
President of the British Medical Association.

S. H. JAMES, Esq., F.R.C.S.,
Consulting Surgeon to the Devon & Exeter Hospital.

J. A. SYMONDS, M.D.,
Consulting Physician to the Bristol General Hospital.

And many others.

EXAMINATION OF ASSISTANT-SURGEONS IN THE ARMY.

THE new Rules for the Examination of Assistant-Surgeons in the Army previous to Promotion are now in operation, and the following are the questions given to several of the senior assistant-surgeons on the 10th inst.:—

A.

1. What part do you assign to Temperature amongst the causes of disease? What are the chief diseases usually ascribed to (*a*) excessive heat, (*b*) extreme cold, (*c*) great and sudden changes from heat to cold, and the reverse? How would you treat those several diseases?

2. State what opinions your own observations have led you to form with respect to the effects of Diet on the health of soldiers. Discuss particularly the questions of the influence of alcohol when taken in large and in moderate quantities.

3. What are the chief diseases of the heart you have had to treat since you entered the Army? What were the symptoms of those diseases; how did you treat them; and what was the result? Enter minutely into the causes of those diseases in the men under your care. What share had the military duties in their production? State precisely any means of prevention that you could recommend.

4. Describe concisely the symptoms, post-mortem appearances, causes, treatment, and complications of dysentery.

5. What do writers mean by the term "typhus of armies"? Discuss fully the questions of diagnosis and etiology connected with this term.

6. An attack of cholera occurs in a large town close to the barracks where you are stationed. The commanding officer requests you to frame such precautionary measures as can be adopted without quitting the barracks. What would be your list of recommendations?

7. You are applied to by the Engineer Department to state how much water will be required for an hospital of 500 men; it being understood that the supply must be sufficient for cooking, washing, bathing, and cleansing sewers. At the same

time, a bottle of water is submitted for your opinion as to its quality. What would you reply to the first question, and how would you judge of the second point?

8. You are required to organize a field hospital for 300 men; tents only are allowed, but these you can have in any number; no sewers can be made: How would you arrange, ventilate, and furnish the tents? How would you organize your kitchen and dispensary? And what would be your arrangements for the removal of excrementitious matters?

B.

1. Describe the operation of resection of the elbow-joint; and briefly the chief cases of injury and disease for which it is appropriate.

2. What regulations have you seen enforced for the prevention or diminution of venereal disease among soldiers? If they have been unsatisfactory, how would you improve them?

3. What are the most frequent complications that arise during an acute gonorrhœa? Name not less than five: describe them, and state the best means for their prevention and cure.

4. For what injuries in the lower extremity produced by musket-balls, and for what consequences of such injuries, would you amputate, supposing the patients to be previously healthy soldiers?

5. In cases of punctured wounds of limbs, from which blood is no longer flowing, what would lead you to believe that a principal artery is wounded? In such belief what would you do?

6. Write the articles, and quantities of each, contained in the "low diet," "half diet," and "entire diet" of the hospital regulations.

7. State the best means for detecting the deceptions of those who pretend either blindness of one or both eyes, or deafness of one or both ears, or stiffness of a joint (say the elbow), or paralysis of an arm or leg.

8. A man is found insensible; how would you ascertain whether the insensibility be due to injury of the head, drunkenness, apoplexy, poisoning with opium, or exhaustion through want of food?

9. Describe the characters and tests of the following deposits in urine: lithic acid, triple phosphate, oxalate of lime, mucus, pus.

C.

1. Describe in their proper order, as displayed in dissection, the parts situated on the anterior aspect of the forearm, including the bend of the elbow.

2. Describe the parts concerned in femoral hernia, and the anatomical conditions distinctive of that form of rupture.

3. Describe the minute anatomy and the functions of the kidney, noticing the sources whence the principal elements contained in its secretion are derived.

4. Describe the membranous portion of the male urethra, its form, relations, and structure.

5. From what parts of what kinds of plants is quinine procured? Describe, in general terms, the method of extracting the alkaloid; mention the plants that afford the best substitutes for quinine.

6. Enumerate the principal entozoa which infest the human subject, and state what you know of their habits.

7. Which is most nutritious: rice-flour, or pea flour? Upon what do their relative qualities as articles of diet depend?

8. Enumerate the principal animal and vegetable oils; state the sources whence they proceed; and distinguish the volatile, fixed, and irritant.

QUESTIONS AT THE COMPETITIVE EXAMINATION FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE INDIAN ARMY.

JULY 9TH, 1860.

NATURAL HISTORY AND BOTANY.

BY DR. HOOKER.

1. WHAT are the botanical characters and properties most prevalent in the natural orders Laurineæ, Rosaceæ, and Cucurbitaceæ? Give examples of the latter used in medicine.

2. Enumerate the principal vegetable narcotics, the plants that produce them, and the countries they come from, and classify them according to their therapeutic actions.

3. In what form are the following imported, and how would you distinguish good from bad samples of each:—Ipecacuanha, rhubarb, sarsaparilla, borax, nitre, antimony?

4. Describe the structure of a diacotyledonous seed, and indicate the relation of its several parts to the seed vessel.

5. Describe the structure of the trunk of a monocotyledonous plant.

6. Define the terms hypogynous, perigynous, epigynous, thalamifloral, calycifloral, and caroltifloral.

7. Of what parts does a grain of wheat consist; what is the minute structure of its contents, and what are its chemical constituents?

8. On what do the peculiar values of milk and eggs depend as articles of food?

9. Contrast the structure of the brain in the higher and lower mammals.

10. Describe the respiratory apparatus in birds, reptiles, and fishes.

11. What parts of what animals produce silk, catgut, silkworm gut, whalebone, and isinglass?

12. Give, accurately and tersely, the meanings of the following words:—Biology, organism, type, diagram, axis, affinity, analogy, homology, and ontology.

SURGERY.

BY MR. PAGET.

1. Describe the usual characters, manners of formation, and treatment of perineal and scrotal fistulæ.

2. What are the most frequent causes and consequences of menorrhagia, and how should it in each case be treated?

3. In what diseases is blood in the urine a prominent and important symptom, and what are the best signs for the diagnosis?

4. Describe the most frequent characters of scirrhous cancer of the female breast, and its diagnosis from the diseases that most resemble it.

5. Describe the processes of the separation of dead bone from —1st, the outer layer of the walls of a long bone; 2nd, from the inner layer; 3rd, from the cancellous tissue; and the processes of repair by which the separation may in each case be followed.

6. Describe the most frequent appearances of varicose veins of the leg, and the diseases of the integuments with which they are most commonly complicated. State the best palliative and curative treatment of each.

7. Describe the principal morbid conditions of stumps after amputation, and the appropriate treatment of each.

ANATOMY.

BY MR. BUSK.

1. Describe the structure, relations, and connexions of the medulla oblongata, and state what is known concerning the functions of its several parts.

2. The gastrocnemius and soleus being removed, describe the dissection of the back of the leg from the upper margin of the popliteus to the heel, describing the parts in the order in which they occur, and notice particularly the relative position of the vessels, tendons, and nerves behind the ankle joint.

3. Describe the form, situation, and relations of the thyroid gland.

4. Give an account of the cartilages of the larynx, their articulations with each other, and the ligaments connecting them, and point out the differences of structure which exist amongst the different cartilages and ligaments.

5. Describe the process of ossification in a long bone, and in the cranial bones, and describe the structure of fully-formed bone.

6. Explain the mode in which the images of external objects are formed on the retina, and how real magnitudes and distances are estimated by the sense of sight.

MEDICINE.

BY DR. PARKES.

1. Describe the physical signs in a case of phthisis, from the first deposition of tubercle to the formation of a cavity as large as the fist. What would be the hygienic and medicinal treatment during each period of the disease?

2. Describe the anatomical characters of phthisical ulceration of the larynx. How would you treat a case of presumed chronic laryngitis without ulceration?

3. How would you diagnose a case of fatty heart without valvular disease, and what is the treatment?

4. What are the symptoms of effusion of blood, sudden in occurrence and considerable in amount, in the following situations:—In the right corpus striatum and optic thalamus, in the left lateral ventricle, and in both ventricles?

5. What diseases are usually attended with enlargement of the spleen? How would you recognise such enlargement?

6. Under what circumstances would copper and lead occasionally find their way into the body? What are the symptoms produced in each case, and what should be the treatment?

N.B.—At this competition the Examiners adopted the plan of dictating the questions to the candidates, instead of distributing printed questions amongst them, as on former occasions.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

M. BOUILLAUD, as announced at the previous sitting of the Academy, mounted the tribune on Tuesday last, in order to take his part in the discussion on the action of iron. (I must here notice, parenthetically, that the special question has long since merged into the wide and general problem regarding the nature of those forces which preside over the varied relations between the human economy and the outer world.)

M. Bouillaud commenced by saying that as M. Trousseau had not confined himself to the simple question treated of by the reporter, but aimed a blow at opinions which medical schoolmen, since the days of Hippocrates, had held as valid, and which were still very generally accepted as data, he believed it a duty incumbent on himself to rise with a protest against the promulgation of such wanton heterodoxy. M. Bouillaud had professed his unwillingness to proceed to discussion in the absence of M. Trousseau, his reason being that he wished to hear, *viva voce*, from the Professor of the Hôtel Dieu, what were the medical tenets upon which he grounded his opinions; the colours, in fact, under which he was sailing, so as to direct him in the choice of weapons for the attack.

M. Trousseau, though evidently taken aback by this unusual mode of challenge, set himself with much fluency to the rehearsal of the articles of his *credo*. "I believe," said he, "in the endowment of all human organs with functional power, and with a disposition to the exercise of that power: thus far I am an organician. I also believe in the existence throughout the body of a substratum of free and immaterial principle. This principle I hold to be, in the language of M. Dollfus, totally unconnected with the *pôt-au-feu* of the economy—i. e., with the ordinary functions; but possessed of manifestations peculiar to itself. These I term vital properties; and this is the extent of my vitalism."

M. Bouillaud was apparently surprised at finding that his adversary's opinions were so like his own; but said that he was glad to find that so far they were agreed, and that he should now begin his consideration of M. Trousseau's able speech, by calling the attention of the Academy to one of the facts therein taken for granted, and which he, as an old practitioner, must protest against passing without scrutiny. He referred to the so-called case of chlorosis, cited with such confidence, and serving as the basis of so important a superstructure. "I have practised for a great many years," said the speaker; "I have seen as many cases of chlorosis as most men in a similar position, and yet I have never had the fortune to witness one case traceable to an origin similar to that assigned by M. Trousseau. I never met with a case of chlorosis *brought on* by checking the menstrual flow in the way alleged; nor did I ever see a case of chlorosis *cured* simply by the reproduction of the retained monthly discharge—indeed, I should be much obliged were M. Trousseau to present me a patient fulfilling the above (according to him very common) conditions. I believe the cases alluded to are *not* examples of chlorosis."

M. Bouillaud did not resent the epithet of *chimiatre* as applied to himself. Hippocrates also was a *chimiatre*. He availed himself, at least, of all the feeble aid that infant chemistry afforded, and his was an example worthy of imitation. At this period of M. Bouillaud's address, "a great change," as Mrs. Gamp would have said, "came over him for the worse." The clever and caustic prologue, and the exordial catechism of M. Trousseau, degenerated into a peroration, abstruse unconnected, and dull in the extreme—an embodiment of the most tedious and sedative matter of Paley, Whewell, and Somerville combined. That occurred, which will occur when speakers, tired of this practical, material world, soar above their audience and digress into metaphysics. Reporters stared, dropped their pens, and looked despondingly; academicians yawned, dropped their chins, and fell asleep; and the effect of what might have been a telling speech, was utterly and irrevocably lost. M. Bouillaud was meanwhile quarreling with Descartes about his organicism, poking a deal of solemn fun at the absurd theory he had been forced to adopt of the existence of a fire without light, supposed to animate the organized body. He dealt tenderly with Bichât and his hypothesis of vital property; he was civil to Newton, but deprived him of a great slice of his hitherto undisputed priority in the matter of gravitation; he discussed at length the views propounded by Barthez, and his vitalistic dogmata; and the close of the meeting still found him cross-questioning and browbeating these witnesses and their various allegations. Let us hope that next week may bring us something a little more practical and less dreamy.

Treatment of Gleet.—Everyone knows how tiresome and difficult to cure a gleet may become, and how weary of each other both patient and surgeon occasionally grow in consequence. A little "dodge," which may not have yet crossed the Channel, and which I have seen succeed here, when the whole armament of balsamics, injections, and derivatives had failed, is the following:—Take a moderate-sized wax bougie (the common yellow wax ones are the best), warm it slightly, and then roll it for a few seconds in well-powdered alum; when thoroughly whitened with the salt, roll it between the hands so as to press the alum well into the wax, and the instrument is ready for use. Make the patient micturate previously, and then pass your bougie, without the assistance of oil or cerate, as far as may be deemed advisable, cutting it off to within an inch of the orifice of the meatus, where it may be tied or not, and left for one hour each day. In this way a tiresome and refractory old gleet may be cured in ten days.

Paris practice: new style.—One of the drawbacks to such a system of practice as that followed by M. Trousseau—namely, novelty-hunting—is the impatience with which any return to old-fashioned modes of medication is tolerated by the circle of admiring copyists, the volunteer *claqueurs* of the performance. In going round with M. Trousseau a day or two back, we came upon a case of lead colic, newly admitted; and M. Trousseau dictated the prescription as follows: an emetic of ipecacuanha, an enema of nut oil, a dose of bolus theriacalis in the evening, and low diet. "But that is as old as the hills," murmured out one recalcitrant follower, the Aaron of the company—a truth which the Professor was forced to admit. This trifling remark, however, reminds one of the fact that M. Trousseau has saddled himself with an unpleasant and thankless task—namely, that of having indefinitely to cater novelties and original modes of treatment for the fast-palling tastes of his numerous audience.

Another of the Paris practitioners who has struck out much in the same manner, though rarely in the same direction, as M. Trousseau, is Dr. Beau, of the Charité. Although not very happy in some of his therapeutic innovations (the employment of carbonate of lead in phthisis for example, the virtues of which consist in anticipating by medicine what nature generally effects by disease), this physician possesses many of the qualities of a good clinical teacher. He has much originality of conception, and great happiness and facility of expression. I should call him the Brinton of Paris were he a few years younger, and there is, I think, considerable resemblance between the general tone and texture of the two minds. M. Beau's practice is always decided, and undertaken with a definite purpose. His clinical remarks are particularly interesting and suggestive. Some of his favourite methods of treatment are the following:—In typhoid fever, continued purgation to the amount of ten or twelve stools daily, he uses castor oil, croton oil, seidlitz water, tartar emetic, &c., varying the drug each time the effect is to be produced. In acute rheumatism, he begins with antimonial emetics (*ad plenum vomitum*, to last a day at least), and then gives large doses of sulphate of quinine. Ascites, if without grave complications, he taps and treats with injections of iodine as readily as a case of hydrocele. I have merely jotted down the above as specimens, and I strongly recommend any countryman about to visit Paris to note down Dr. Beau's service at the Charité as one of the indispensable "memoranda and agenda."

Paris, July 23rd, 1860.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 20th inst.:—

Atkinson, William, Wallingford, Berkshire.
Beaman, Edward Henry, Up Holland, near Wigan, Lancashire.
Byers, Robert, Pateley-bridge, Yorkshire.
Cruise, Francis Richard, Dublin.
Deyns, Frederick, North Walsham, Norfolk.
Grigg, Nathaniel Batt, Salisbury.
Harper, Henry Lewis, St. Luke's Hospital, Old-street.
I'Anson, Thomas, Newcastle-on-Tyne.
Kingdon, Alfred Sinclair, Bideford, Devon.
Major, Edward William, Exeter, Devon.
Shaw, Bartholomew, Cambridge-road, Bethnal-green.
Wilson, James Lodge, Nottingham.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received his certificate to practise, on

Thursday, July 19th, 1860.

Burrell, Lionel, Westley, Bury St. Edmunds.
Earle, James Neale, Brunswick-street, Dover-road.
Edye, Stonard, Exeter.
Hall, Frederick, Bangor, North Wales.
Keogh, James O'Brien, Shrewsbury.
Lakeland, John, Manchester.
Morris, Isaac, The Cliff, Lewes, Sussex.
Park, William, Ulverstone, Lancashire.
Ullathorne, John, Heighington, Durham.

The following gentlemen also on the same day passed their first examination:—

Dobson, Thomas, Charing-cross Hospital.
Humphreys, M. Hale, Charing-cross Hospital.
Jones, Morris, Aberystwith.
Okell, George, King's College.
Richards, Caleb Carey, King's College.
Savage, Thomas, the General Hospital, Birmingham.
Watson, William, University College.

CLASSICS AND MATHEMATICS.—The following is a list of the gentlemen who passed their preliminary examination in Classics and Mathematics on

Tuesday and Wednesday, the 17th and 18th inst.

Thos. B. Hitchcock, Weeke, Winchester; John S. Williams, Truro; George H. Whidborne, 61, Guildford-street; Thomas F. Lloyd, 42, Finsbury-circus; Charles A. Cooper, near York; William Dawkin, Pontypool; George T. Hawkins, New Kent-road; George C. Tayler, Trowbridge; Frederick Knowles, Farnham; Fred. E. Manby, East Rudham; John S. Wyman, Alcester, Warwickshire; John Orton, Foleshill, Warwickshire; Walter A. Harvey, South Petherton, Somerset; James G. Mackinlay, Isleworth; Edward Horne, Isleworth; Thomas Lucas, Burwell, Cambridgeshire; John Ormerod, Chapel-street, Salford; Wm. Ward, Fulham; Samuel Duckering, Grantham; John Perkins, Exeter; Alexander H. Brewer, Victoria Iron Works; Walter H. Reed, Tiverton; Frederick B. Numerley, Burton-on-Trent; George F. Webb, Exeter; T. Coalbank, Old Dalby; J. K. Hyde, Witney, Oxon; C. D. Batt, Witney, Oxon; D. Linn, Epsom; Frederick Sutton, Balham-hill; Wm. J. Wey, Plymouth; G. B. Pearson, Leeds; Frederick J. Wadd, Basinghall-street; John J. Bingham, Alfreton, Derbyshire; Benjamin Walker, Chesterfield; William H. Causton, Woodbridge; Joseph Good, Watford; Geo. Padden, Hitchin; John M. Gibbes, Sidmouth; James J. Coxeter, Grafton-street East; Thomas Collier, Bridgend; Arthur Hensman, Springhill; William Jones, Brecon; Thos. Baron, Ulceby; Richard W. Haines, Bromsgrove; William H. Hosking, Redruth; Frederick H. Watson, Coltishall; Geo. R. Raine, Billericay; J. Haslam, Reading; Francis H. Lovell, Winslow Hall; Edw. S. Jones, Weston-super-Mare; Geoffrey Hett, Brigg; J. W. Matthews, York; Thomas D. Leigh, Liverpool; Geo. Rendle, London; Henry Armstrong, Newcastle; Stanley T. Courtney, Leatherhead; George Jackson, Becralston; John Cremonini, Dudley; Walter Frost, 88, York-road; Edward Swain, Clawson; Charles F. Bullmore, 1, Stratton-place; George W. Cole, Ely; George Levick, Stratford, Essex; Thomas W. Joy, Northwold; Frederick W. Joy, Northwold; John W. Hayward, Sea Salter; William H. Hobson, Norwich; John W. Oyston, Ramsgate; Thomas Griffiths, Merthyr Tydvil; Wm. H. Vipan, Enfield; Robert D. Broughton, Royston; Philip H. Mules, Ilminster; Herbert Ridley, Newcastle; John S. Harvey, Guy's; John J. Jaques, Leicester Infirmary; James A. Hayden, High Wycombe; Edward G. Tennant, Bedford; Frederick W. Parsons, Stony Stratford; William B. Rule, Falmouth; George Millard, Whitchurch, Herefordshire; John Brockwell, Croydon; James H. Davies, 29, Baker-street; Albert E. Hale, General Hospital, Birmingham; Henry W. Battersby, Torquay; Joseph Johnson, Hogsthorpe; Alfred P. Evans, West Bromwich; G. C. Rigby, Chorley; J. P. Garlike, Tulse-hill; John T. Langley, Romsey; John Craigie, Greenwich; William J. Morgan, North Wales; Ernest L. Fyson, London; Edward L. Fenn, London; Louis A. Norgate, Foxley Parsonage; W. W. Ballard, Tonbridge; Thomas H. Knott, Bath; Louis H. Jones, Fir-grove, Ruthin.

INDIAN MEDICAL SERVICE.—The following is a list of Assistant-Surgeons who successfully passed into the Army of India, at the examination held at the India House in July, 1860:—

C. T. Schmitz.	Alexander Neil.
E. T. Hoskins.	Jessie G. Pilcher.
J. C. Shaw.	J. G. French.
John Cameron.	A. H. Lewis.
Frederick Duckworth.	R. P. Lyons.
Gopal Chunder Dutt.	F. R. O'Kearney.
J. W. Johnston.	Peter Turnbull.
Simon Mackertich.	

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen, having finished the Course of Examinations, were admitted Licentiates of the College during the recent sittings of the Examiners:—

Baxter, John, New Brunswick.
Erskine, Robert, Ayr.
Grant, Alexander, Aberdeenshire.
Greig, John, Kincardineshire.
Renwick, Arthur, Sydney, New South Wales.
Scott, Alexander, Aberdeen.
Scott, Walter, Stirlingshire.
Sheriff, William, Northumberland.
Smith, George Stevenson, Ayr.
Stevenson, Henry Cunard, New Brunswick.

CASE OF TRIPLETS.—At Stonehouse, Glasgow, on the 23rd inst., Mrs. Archibald Smellie, was delivered of triplets—a son and two daughters. The two eldest were females, the youngest being a male. The first lived seventeen hours and a half, the second about five minutes, and the third was still-born. They appear to have been born between the sixth and seventh month of utero-gestation. The mother has been married about seventeen years and a half, and during that period has had fourteen children. She is making a good recovery.

NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.—Mr. Richardson, the dentist, has sent us a communication, in which he says:—"The subject of local anæsthesia has much excited the attention of the profession lately. Dr. Richardson, Mr. Nunneley, and others, have devoted much time and research to it. Narcotics, congelation, inhalation of ether and chloroform, and, lastly, electricity, have all been tried, but from some practical disadvantages in their application, and from the occurrence of dangerous and even fatal effects, none of these have met either the wants of the case or the general concurrence of the dental profession. In pursuing a series of experiments for effecting certain improvements in the "Tooth Protector," a notice of which apparatus was inserted in THE LANCET of 1858, I have devised a plan for causing local anæsthesia during the extraction of teeth without producing a corresponding effect on the system generally—viz., by immersing the affected part in chloroform, and including in the part immersed as much of the adjacent structures as may be required. It is obvious that a plan so simple must be universally applicable, and, should its reputation be maintained, prevent the escape of chloroform, and thus intensify its local effect. The cup is about half filled with cotton wool, which is then saturated with a sufficient quantity of chloroform, generally from ten to fifteen drops. The time within which local insensibility is produced varies from seven minutes to a quarter of an hour. It is true that the local anæsthesia is not, in all cases, equally complete; but even where pain occurs, the remedy will be found to moderate it to a point within which it becomes perfectly tolerable, and has lost the distressing agony of tooth extraction. It is important for the operator to remember, that as soon as insensibility of the part ensues, the cup should be removed, and extraction instantly performed. Of sixty cases, on which the foregoing statements are based, only two occurred in which the remedy failed to mitigate the pain; whilst in ten cases the local insensibility during extraction was complete."

THE following certificate of a physician (?) is copied from the *New York Courrier des Etats Unis*:—"I, the undersigned, hereby certify, that Mrs. —— died of an unknown disease of which I had cured her, but owing to her great age, she was not able to bear up against the stage of convalescence, and died in consequence."

SOCIAL AND SANITARY SCIENCE.—The Social Science Association will hold its meeting shortly in Glasgow; a full ttendance is anticipated. The next meeting of the International Statistical Congress will be held in Berlin, probably at the end either of two or three years.

WOMEN AND CRIME.—On criminal charges more women are acquitted than men. Of the men who were proceeded against summarily in the year ending at Michaelmas, 1859, 68·7 per cent. were convicted by the magistrates; of the women only 53·9 per cent.—a difference of nearly 15 per cent. Mr. Redgrave states that it is so throughout the criminal statistics, and therefore it must extend to the graver offences, but in compiling the "Judicial Statistics," he has distinguished males from females in the commitments for indictable offences, but not in the convictions. The cause he assigns for this good luck of women is leniency towards their sex; so that Justice is not so blind as she is painted.

THE DEATH BY OVERDOSE OF HYDROCYANIC ACID.—The painful charge against Mr. Bull, a surgeon, of Lewes, of manslaughter, for neglect in administering to his mother an overdose of hydrocyanic acid, was tried during the week at Lewes. Mr. Bull had watched his mother carefully and affectionately through illness, and administering, as he believed, seven drops of dilute hydrocyanic acid, had the unhappiness to see the dose prove fatal. The charge of criminal neglect was not sustained by the evidence, and the jury immediately returned a verdict of "Not guilty." Some important points were prominently brought forward in the course of the evidence relating to the variable strength and doses of the preparations of hydrocyanic acid commonly employed, to which it will be desirable again to return.

AID TO THE WOUNDED IN ITALY.—The "Unita Italiana" relates that Carini, a philanthropist of Brescia, having bequeathed a sum of 12,000 fr. to the college of that place, the interest of which was to be devoted every year to the purchase of a gold medal of the value of 500 fr., and two silver ones, to be given to those persons who should distinguish themselves most by acts of charity, the gold medal this year was awarded to Angelina Torinelli, a young female of Brescia, who, with the assistance of seven of her companions, organized, furnished, and directed an hospital for thirty-four wounded persons. The generous young girl said that the merit and the medal belonged as much to her companions as to herself, and begged that the value of it should be sent in their joint names to Garibaldi, as well as a further sum of 120 fr. which they subscribed to add to the gift.

A NEW SUPERNATURAL JOURNAL IN PARIS.—Since January of this year, a new journal has been published at Paris under the following title:—"The Uniter of the Visible and Invisible World: a universal journal of artistic, scientific, historical, philosophical, literary, and religious unity; and organ of the miracles and revelations operated in the person of M. Gagne by the spirit which has vouchsafed to inspire him, drives him to sacred objects, and allows him to recognise the morality and truth of all things, to write under divine dictation, to cure and convert the sick, the insane, and those possessed by the evil spirit, these being falsely looked upon as labouring under hallucinations. By the divine spirit, M. Gagne undertakes to prove that table-turning, spirit-rapping, magnetism, somnambulism, magic, soothsaying by means of cards, hypnotism, &c. &c., are diabolical practices, and always attract demoniacal spirits. The editor will prove all his assertions by public experiments. Proprietor, M. Gagne, Judicial Counsel to the Insane: author of 'Suicide,' a poem; 'Monopanglottis, or Universal Language;' 'The World a Stage;' 'The Unitism,' a poem in twelve cantos and sixty acts, &c. &c."

CHOLERA IN SPAIN.—According to late reports this epidemic is now committing terrible ravages in several southern districts of the Peninsula. For example, at Malaga 2267 deaths took place by that malady, from the 1st of May to the 29th of June last; of whom a large proportion were young persons. Accounts further state that, along the Mediterranean coast—at Motril, Adra, and Almeria, the disease has proved very prevalent; as likewise in Granada and Jaen, but especially at a place called "Gualchos," where 178 deaths occurred during the first six days the malady broke out, while only two cases recovered. It has more recently attacked the inhabitants of Baylen, which is on the great highway to Madrid; where, however, public health is said to be at present satisfactory. In consequence of this outbreak of pestilential cholera in Andalusia, much terror prevails amongst the population.

THE BONES OF THE FŒTUS PRESENTING A RED COLOUR FROM THE MADDER MIXED WITH THE FOOD OF THE MOTHER.—It is well known that the osseous system of animals who take food mixed with madder will assume a red colour. M. Flourens has shown, at a late meeting of the Academy of Sciences of Paris, the skeletons of sucking pigs, the *mother* of whom had been fed with a mixture of ordinary substances and madder.—The bones and teeth of the fœtuses presented the characteristic red colour; but neither the periosteum nor cartilages were coloured. M. Flourens considers this a decisive experiment proving (what nobody doubted) that the mother's blood is in direct communication with the fœtus.

LONGEVITY IN A LUNATIC.—James Coyle, a patient at St. Patrick's (Swift's) Hospital, Dublin, died on the 17th inst., in the 106th year of his age. He was admitted May 28th, 1802, in his forty-eighth year, and was for upwards of fifty-eight years an inmate of the institution.

LIQUOR AMMONIÆ IN VENOMOUS WOUNDS.—We find in the *Bombay Times and Standard* of the 22nd ult., a letter from a Superintendent of Police, wherein an account is given of cures obtained by liquor ammoniæ, used both topically and internally, in cases of bites from serpents, such as the Foorza, Ghonus, &c. &c. The remedy is highly spoken of, and with it the patients were generally roused from the deep stupor in which the influence of the venom had thrown them. The topical applications seem to stimulate the part, and allay inflammation and irritation. The account is, however, medically speaking, very unsatisfactory; but the facts should certainly be borne in mind.

Births, Marriages, and Deaths.

BIRTHS.

On the 19th inst., the wife of J. Reeves Traer, Esq., F.R.C.S., of Hans-place, of a son.

On the 19th inst., at Amelia-place, Southgate-road, the wife of Robert J. Black, M.D., of a son.

On the 22nd inst., at Temple-row, Birmingham, the wife of Oliver Pemberton, Esq., M.R.C.S., of a daughter.

MARRIAGES.

On the 18th inst., at St. Mark's Church, Pennington, Hampshire, Thos. Farquhar, M.D., H.M.'s Bengal Army, to Charlotte, daughter of the late Captain A. S. Fisher, H.M.'s 72nd Highlanders.

On the 24th inst., at the parish church, Kirkleatham, Yorkshire, J. Macrobin, M.D., Professor of Medicine in the University of Aberdeen, to Eleanor Isabella, eldest daughter of the late Christopher Cattle, Esq., of Easingwold.

DEATHS.

On the 24th inst., at Northumberland-street, Edinburgh, Mrs. Gairdner, the wife of Dr. John Gairdner, F.R.C.S.

On the 24th inst., at Duncan-terrace, Islington, John Bye Silver, Esq., M.R.C.S., late of the Bombay Army.

MEDICAL DIARY OF THE WEEK.

MONDAY, JULY 30	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
TUESDAY, JULY 31.....	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, AUG. 1....	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
THURSDAY, AUG. 2.....	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
FRIDAY, AUG. 3	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, AUG. 4.....	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

THE SPECIAL HOSPITAL NUISANCE.

Stricture.—We believe the "Protest" has been signed by almost every hospital physician and surgeon in London. No professional transgression has provoked a deeper or more universal disapprobation.

M.R.C.S.—A licentiate of the Apothecaries' Society holding a Poor-law appointment may perform surgical operations without rendering himself liable to legal proceedings. It is, however, questionable whether he could recover charges for surgical operations in a court of law.

Mr. Brooke Gallwey's letter has been forwarded to the proper quarter.

Mount Etna.—He need not have a licence for the purpose. The sale of patent medicines by a qualified practitioner is highly derogatory; but it does not form a legal ground for his removal from the Register.

X. M., (Colne.)—The Medical Council have no power to interfere in such a case.

THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—In your impression of the 14th instant appeared a brief article on the impending nomination by Convocation of three candidates for the vacant seat in the Senate of the University of London, and, as it contains statements calculated to disparage one of the competitors, I must trust to your impartiality and love of fairplay for a small space in your columns.

In advocating Mr. Jessel's claims, you urge two leading objections against one of his rivals. The first is that his candidature is *sectional*. Now, if this means that the gentleman in question would, if elected, deal with the interests of the University in a narrow and exclusive spirit, all that is necessary to refute the objection is an appeal to his past career in Convocation and its committees. But if the objection means that he is brought forward by a particular section of the graduates, the reply is, that in a certain sense all the nominations have partaken of this character, and that it can scarcely be helped. Take, for instance, the last election in May. It is well known that the medical faculty were anxious to carry one of their number; but feeling themselves unable to do so alone, they appealed to the graduates generally to aid their efforts in the spirit of equity. The appeal was nobly responded to, and many who knew nothing of the medical candidate personally, voted for him on this ground. In any other sense the movement on which you animadvert, so far from being sectional, is a protest *against* sectionalism—a reaction of the general body against a monopoly of honours and influence by a single College, no less than against the ostracism of a particular class of graduates. In this point of view, I am happy to say, it is supported by many influential members of the profession whose interests THE LANCET so ably represents.

When you further object, Sir, that Mr. Jessel's opponent is less known than that gentleman, you enter upon ground so delicate that I decline to follow you. I will content myself with expressing the wish that Mr. Jessel's undoubted talents were as generally recognised by the public at large as they deserve to be. He would then be in a position to confer lustre upon our University like other members of the Senate that might be named. As it is, neither of the rival candidates need be ashamed to confess that he would rather receive honour from the dignity to which he aspires.

I remain, Sir, your obedient servant,

London, July, 1860. A GRADUATE IN ARTS.

*** We protest against this plea that a seat in the Senate should be regarded as a means of conferring honour upon graduates, who have not by independent labours acquired honour for themselves. It is for this reason that we cannot hesitate to prefer the claims of Mr. Jessel.—ED. L.

Mr. Dempsey's Case.—We have received a letter from the barrister, who in this case was stated by Dr. Arlidge to have inflicted an injury upon Mr. Dempsey. The letter is too long for insertion; but we must say that the statements made in it are sufficient to convince us that Mr. Dempsey has no just claim on the profession for assistance on the grounds of his appeal.

Mr. J. Denny, (Stoke Newington.)—Mr. Tompkins, at the National Vaccine Institution, Charlotte-street, Fitzroy-square, would supply our correspondent with vaccine lymph.

G. J. M.—He would not be affected by any further regulations.

Mr. J. V. Laverick.—We cannot insert any more letters upon the subject.

WHAT CONSTITUTES AN "HOSPITAL STUDENT"?

To the Editor of THE LANCET.

SIR,—Will you permit me to seek, through the medium of your journal, an expression of competent opinion on the following circumstances:—

On the completion of my second year of study at King's College Hospital, where I had entered as a perpetual pupil, I was appointed house-surgeon to another metropolitan hospital, after paying the regulation fees to the surgeons, and for board, &c. I continued to fill the office for nearly twelve months, and, on leaving, received a formal certificate from the committee of management of the hospital, countersigned by the three full surgeons. Last week I applied to the surgeons to sign a printed form on the schedule of one of the examining bodies, to certify that I "attended the practice of surgery at the —— Hospital during the winter session, commencing the 1st day of October, 1858, and terminating the 31st day of March, 1859," that period being included in the time which I passed as house-surgeon to the hospital. Two of the surgeons positively refused to do so, on the ground that I had never *entered* as a pupil of the hospital—a fact which the form which I wished them to sign would have neither implied nor expressed, while they totally ignored any claim which I might have been supposed to have had from paying *to them* a fee of between thirty and forty guineas. Now, supposing that the examining board are pleased to receive the certificate which I received from the house committee, by their rules they will not return it to me, and I shall be deprived of any assistance it might give me hereafter.

May I ask any of your correspondents who are competent to give an opinion, whether the surgeons are not bound, both in honour and by law, to sign my schedule?

I am, Sir, your obedient servant,

July, 1860. P. A.

*** The College would give a certified copy of the document, which would answer all the purposes of the original.—ED. L.

Bibliophilist.—The New Sydenham Society now numbers 2828 members. It has been determined to issue the magnificent Atlas of Skin Diseases by Hebra. It is a great object to secure a standing subscription list of over 3000 members. The productions of the Society will increase at an accelerated ratio with the increase of its funds.

Fairplay.—It is to be regretted that such a mode of obtaining practice should be resorted to by Dr. Skaife.

THE letter of *F.R.C.S.* shall be forwarded to the Secretary of the Association.

THE QUESTION OF TITLES.

To the Editor of THE LANCET.

SIR,—The thanks of all licentiates of the Colleges of Physicians are due to Dr. J. Hardwicke for making known the power of the College of Physicians of Ireland to confer the title of "doctor of physic" upon its fellows and licentiates.

I shall now show from the highest authority that this power is not limited to the Dublin Faculty of Medicine, but that it is equally held by the Colleges of Physicians of the sister kingdoms. Lord Chief Justice Coke, in his dictum on Dr. Bonham's case, thus speaks of licentiates of the Royal Colleges of Physicians:—"Much was said in commendation of the doctors of physic of the College in London, and somewhat in derogation of the doctors of the Universities. He attributed much to the doctors of the said College," &c.

I trust this evidence will be deemed sufficient by every candid person to establish the present right of Colleges of Physicians to confer the title of "doctor of physic" upon their licentiates, and that we shall hear no more of the false assertions that licentiate-physicians have no legal right to the prefix "Dr.," or the title (perhaps not a degree) of M.D. Nevertheless, as there are always to be found many persons, when their own interests are concerned, who will deny all authority and all proof, be they ever so patent, it is but just that, in the new charters about to be granted to the three Colleges of Physicians, not only that all the Colleges should be placed upon a perfect equality in this respect, but that the right of the licentiates to use the title of "doctor of physic" should be ratified and placed beyond all cavil. This would be only just to the Colleges, and nothing more than their licentiates have a right to expect, and which, with due effort on the part of the Colleges and their licentiates, could easily be obtained.

Your obedient servant,

Bristol, July, 1860. J. G. PARSONS, L.R.C.P. Edin.

H. B., (Birmingham.)—The University in question is acknowledged as a school of medicine, and as having the power to grant degrees.

Unfortunatus.—There are no such appointments.

Aid to Garibaldi.—The gentleman who has gallantly and nobly taken charge of the drugs, medical appliances, &c., from the committee in London, is Dr. Wolfe, late Parisian correspondent of THE LANCET. He started for Sicily last week.

CAUTION.

To the Editor of THE LANCET.

SIR,—Will you allow me through your columns to put medical gentlemen on their guard against a person who presented himself lately to me for employment as a dispensing assistant, and absconded after a week with a number of instruments and a sum of money. He called himself Mr. Farrant, and gave as a reference the name of Mr. Holtham, Somerset-street, Gravesend. A letter was written to this address, and an answer received in reply, giving him a highly satisfactory character. It was afterwards discovered that no such person was known in Gravesend. Farrant is about twenty-eight years of age, height about five feet seven inches, of florid complexion, fair hair, and stout. He wore a brown single-breasted frock coat with velvet collar, a blue neck-scarf with gold pin, a ring with green stone on the little finger of his left hand, and a hat with a very flat rim, and a band round it about an inch in width. His aprons were marked "Goodall."—I remain, Sir, yours, &c.,

Canonbury, July, 1860. A. SIMPSON, M.D.

Horatio.—1. Yes.—2. A sound medical education could be obtained at either of the schools.—3. We do not recommend particular establishments.

Mr. Henry J. Wharton.—In our next.

J. B. D.—Apply to Mr. Moore, Medical Agent, 34, Terrace, Tower-hill.

Nemo.—Not at present.

An Honorary Assistant-Surgeon.—There is no difference except in the title.

UNPROFESSIONAL ADVERTISEMENTS.

To the Editor of THE LANCET.

SIR,—The following advertisement is clipped out of a local newspaper. Mr. Nelthorpe is registered "Lic. Soc. Apoth. Lond. 1822." The Mr. Butterfield named was famous for the treatment of a certain secret complaint, for which he administered the *red pills*.

Your obedient servant,

Lincolnshire, July, 1860. X. T. P.

"Mr. Nelthorpe, Surgeon, Trinity-lane, Louth, begs to announce to the inhabitants of Louth and its vicinity that he has succeeded to the practice of the late Mr. Butterfield (his brother-in-law), and respectfully solicits a share of the patronage conferred on him for so many years. Mr. Nelthorpe having been some years surgeon in a public institution, where he had great practice in bone-setting, is competent to undertake any case of fracture or dislocation. Sole proprietor of Butterfield's red pills."

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Basham; Mr. Marley; Mr. Fraser; Mr. John Denny; Dr. Simpson; Dr. Brown-Séquard; Mr. Hall, Southampton, (with enclosure;) Mr. Fletcher, Liverpool, (with enclosure;) Mr. Brown, Hallefordl. (with enclosure;) Mr. Hine, (with enclosure;) Mr. Parvin, Higham Ferrers, (with enclosure;) Mr. Cash, Torquay; Mr. Buckton, Wrexham; Mr. Miles, Hastings; Mr. Kemp, (with enclosure;) Mr. Griffin, (with enclosure;) Mr. Barker; Mr. Saunders, (with enclosure;) Mr. Pitts, (with enclosure;) Mr. Hunter, (with enclosure;) Mr. Hale, (with enclosure;) Mr. Farr, (with enclosure;) Mr. Serjeant, Tipton, (with enclosure;) Mr. Leggatt, (with enclosure;) Mr. Gain, (with enclosure;) Mr. Spence, (with enclosure;) Mr. Phelps, Taplow; Mr. Weir, Glasgow, (with enclosure;) Mr. Baker, Glasgow, (with enclosure;) Mr. Offer, (with enclosure;) Mr. Humphrey, (with enclosure;) Mr. Clarke, Cumbrane; Mr. Solly, (with enclosure;) Mr. Buist, Cardiff, (with enclosure;) Dr. Miller, Accrington; Capt. Kent; Dr. Lowe; A. M., Weymouth, (with enclosure;) Justitia; Royal College of Surgeons, Edinburgh; X. T. P.; &c. &c.